

711 West Cinnamon Drive ● Lemoore, California 93245 ● (559) 924-6744 ● Fax (559) 924-9003

Office of the City Manager

APPLICATION FOR PUBLIC SERVICE APPOINTMENT

TO A MUNICIPAL BOARD /COMMISSION/COMMITTEE/ADVISORY TASK FORCE

Name		
Address	Telephone#	
E-mail address	Cell #	
Business Name		
Business Address		
Position Held	Business Phone #	
How long have you resided in Lemoore	Are you a registered voter	
Would you be available for meetings in the daytime	evenings both	
Please indicate the Commission or Advisory Committee for which you wish to apply:		
☐ City Council ☐ Planning Commission District	☐ Parks & Recreation Commission	
☐ Downtown Merchants Advisory Committee		
What are your principle areas of interest in our City government		
List education, training or special knowledge which might be relevant to this appointment		

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List employment, membership in service or communit relevant to this appointment	y organizations or volunteer work which might be
Have you been, or are you now a member of a gover please provide name and dates service.	rnmental board, commission or committee? If so,
REMARKS: Please indicate any further information that	at will be of value regarding your appointment.
Name(Please print)	Date
Signature	_