



CITY OF SAN RAMON

Application to serve as the San Ramon Representative on a COUNTY ADVISORY BOARD, COMMISSION, COMMITTEE

- 1. Name: _____
- 2. Address: _____ Zip Code: _____
- 3. Telephone: Home: _____ Business: _____ Cell: _____
- 4. E-mail address: _____
- 5. Occupation: _____
- 6. Education: _____

I would like to be considered for appointment to the following: (Please check preferences).

- _____ Contra Costa County Advisory Council on Aging
- _____ Contra Costa County Library Commission
- _____ Contra Costa County Mosquito and Vector Control District
- _____ Contra Costa County Transportation Authority - Citizens Advisory Committee
- _____ Contra Costa County Transportation Authority - County Connection
- _____ Contra Costa County Transportation Authority - Access Services

If you are a member of a County Commission or Committee you are not eligible to serve concurrently on another committee.

What do you feel is the most important contribution you can make as a member of this committee:

Please describe your related job and/or community experience:

How long have you lived within the San Ramon city limits? _____

Signature: _____ Dated: _____

RETURN APPLICATION TO:

CITY CLERK, CITY OF SAN RAMON, 7000 BOLLINGER CANYON RD, SAN RAMON, CA 94583
PHONE: (925) 973-2539 FAX: (925) 275-0650 EMAIL: CITYCLERK@SANRAMON.CA.GOV