APPLICATION FOR APPOINTMENT TO THE CITY OF LAKEPORT ADVISORY BOARD, COMMISSION, OR COMMITTEE

NAME OF BOARD, COMMISSION OR COMMITTEE: LAKEPORT ECONOMIC DEVELOPMENT ADVISORY COMMITTEE	
APPLICANT NAME:	
ADDRESS:	
HOME PHONE:	**WORK PHONE:**
EMAIL ADDRESS:	
Please include a brief statement as to why you would like to serve, what special qualifications or experience you may have for the position and/or any other information you would like to include as part of your application: (Continue on reverse side if necessary, or attach additional information)	
Signature:	Date:

Please return form to:

City Clerk
City of Lakeport
225 Park Street
Lakeport, CA 95453

FOR CITY USE ONLY - APPLICANT, PLEASE DO NOT COMPLETE THIS SECTION

Appointment: ☐ **Approved** ☐ **Denied**	**Length of Term:** **From** _____ **to** _____	**Date:**