

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



<b>NAME OF BOARD, COMMISSION OR COMMITTEE:</b> MEASURE Z ADVISORY COMMITTEE	
<b>APPLICANT NAME:</b>	
<b>ADDRESS:</b>	
<b>HOME PHONE:</b>	<b>WORK PHONE:</b>
<b>EMAIL ADDRESS:</b>	
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)	
<b>Signature:</b>	<b>Date:</b>

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**

<b>Appointment:</b> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied	<b>Length of Term:</b> From _____ to _____	<b>Date:</b>
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