

Office of the City Clerk

City of Barstow Street Committee Application

First Name:		Last Name:				
Home address:	(Number & Street)	(City)	(State)	(Zip)		
Home phone:	Cell phone:					
E-mail:						
	itify any relevant experience as ated to improving your community		novation, mainte	nance and repa	air or	
	ride a brief summary regarding y tribute to the betterment of our ro			ee and how you	feel	
	cribe what you believe to be the you hope to obtain while serving		es of a good con	nmittee member	and	

Additional	Req	uirem	ent:
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1. Proof of residency required. Please attach to application.

Appointment to the Barstow Street Advisory Committee is a two-step process: application and personal interview. If your application is approved by the Screening Committee, you will receive a letter apprising you of your interview date, time, and location.

Members of the current Street Advisory Committee will conduct the interview.

NOTE: Applicants must be a resident of the City of Barstow and be available to attend committee meetings when scheduled.

Applicant Signature	Date	
Applicant Olgitature	Date	

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