

## APPLICATION FOR SERVICE ON THE PLANNING COMMISSION

Please print or type all information.

NAME:		
MAILING ADDRESS:		
RESIDENCE ADDRESS:		
PHONE NO.: EMAIL:		
OCCUPATION:		
Are you a registered voter in the City of Barstow?	YES	NO
How long have you lived in the City of Barstow?		YEARS
Do you own real property in the City of Barstow?	YES	NO
Are you related to an elected official or to an employee of the City of Barstow?	YES	NO
If so, please give name, relationship and title of employ	vee or office of relat	ive.
EDUCATIONAL INFO	ORMATION	
High School:		
College:		
Major:		
SPECIAL KNOWLEDGE OR EXPERIED	NCE OF HELPFU	L NATURE

List any civic ac	tivities, clubs or organiz	zations to which you belong	<b>y</b> .
Why do you wis	h to serve on the Planni	ng Commission?	
I was do not on d. 4h o			ing is unid for somion on the
	-	•	ing is paid for service on the
Planning Comn	nission. I further und	derstand that should I be	appointed to serve on the
Commission, I	will be required to fi	ile a statement of Econor	nic Interest and an Oath or
Affirmation of I	Loyalty to the Constitut	ion of the United States and	d to the State of California. I
also understand	that I may claim reimbu	rsement for out of pocket e	expenses for Council approved
trips or functions	s on behalf of the City.		
		Signature	
	FOR CITY RE	CORDS AND INFORMA	TION
Appointed:	YES	NO	_
Date Appointed	by City Council:		_
Date Term Expir	res:		_
Comments			