



CITY OF DEL REY OAKS APPLICATION FOR APPOINTMENT

OFFICE TO WHICH YOU WISH TO BE APPOINTED: _____

NAME: _____

ADDRESS: _____ PHONE: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

HOW LONG HAVE YOU BEEN A RESIDENT OF DEL REY OAKS: _____

PREVIOUS SERVICE TO THE CITY: _____

EXPERIENCE RELATED TO THE APPOINTMENT: _____

WHY DO YOU WISH TO BE APPOINTED: _____

AS FAR AS YOU KNOW, WHAT WILL BE EXPECTED OF YOU IF YOU ARE APPOINTED:

REFERENCES (*OPTIONAL*):

NAME

ADDRESS

PHONE

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