

CITY OF DEL REY OAKS APPLICATION FOR APPOINTMENT

Return completed application to City Hall, 650 Canyon Del Rey Road Phone (831)394-8511 Fax (831)394-6421 www.delreyoaks.org

OFFICE TO WHICH YOU WISH TO BE APPOINTED	D: <u>Pl</u>	anning Commissioner	
NAME:			
ADDRESS:		PHONE:	
OCCUPATION			_
WORK ADDRESS:			
HOW LONG HAVE YOU BEEN A RESIDENT OF DE	EL 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 EXPECTE	ED OF YOU IF YOU ARE AF	PPOINTED:	
REFERRENCES (OPTIONAL):			
NAME	ADDRESS	PHONE	
SIGNATURE:		DΔTF·	