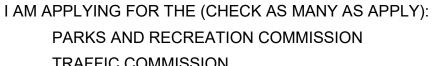
## CITY OF LAGUNA HILLS APPLICATION FOR APPOINTMENT TO CITY COMMITTEE/COMMISSION





TRAFFIC COMMISSION		
Name:		
Address:		
City:	Zip:	
E-mail:		Phone:
The City of Laguna Hills uses e-mail as preferred method of communication. Is acceptable to you?  Yes  No	s this metho Re Ph	checked "No", please indicate your preferred od of contact: esidential address provided above none number provided above her
Are you a City of Laguna Hills resident? Yes No	Years lived in Laguna Hills	s: Are you eligible to vote? Yes No
Employer & Occupation:		
Educational Background/Degrees:		
Licenses or Special Certificates held	d:	

Signature: Date:	
have read and understand the above statements.	
acknowledge and agree to the following: a) that any or all information on this form may be verified; and b) that this docum s a public record subject to disclosure under the California Public Records Act (CA Gov Code §6250 et seq.)	ent
declare under penalty of perjury that the information contained in this application is true and correct. I understand that a falsification or omission may be cause for disqualification. I further declare that if I am appointed, I will serve fairly, impartia and to the best of my ability.	
3)	
2)	
1)	
References:	
qualified for the position. Be specific. (Use additional paper if necessary).	
Briefly state why you wish to serve on a Committee/Commission and why you believe you are	
Organizations to which you belong (professional, technical, community, service):	
Have you previously served on a City or County Board, Committee, or Commission? Yes No If yes, please list positions and year(s) of service:	