

# CITY OF PORTERVILLE REQUEST FOR APPOINTMENT

Please complete all blanks.

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Name: \_\_\_\_\_  
(Please Print)

Appointment to: \_\_\_\_\_  
(Name of Board, Commission, or Committee)

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Reappointment; or IF NEW, please provide :

Street Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name of Business: \_\_\_\_\_

Own       Operate

Business Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Home \_\_\_\_\_

Work \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

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City of Porterville resident:

Yes

No

Registered Voter:

Yes

No

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Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Resume attached
- Letter of request attached

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_

- Forwarded to: City Clerk  Date: \_\_\_\_\_
- City Council  Date: \_\_\_\_\_
- City Manager  Date: \_\_\_\_\_
- Applicable Dept.  Date: \_\_\_\_\_

Tentative Council Mtg Date: \_\_\_\_\_