



CITY OF PORTERVILLE REQUEST FOR APPOINTMENT



Please complete all blanks.

Name: _____
(Please Print)

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

Reappointment; or IF NEW, Please provide:

Street Address: _____

Mailing Address: _____

Name of Business: _____

Own Operate

Business Address: _____

Telephone: Home _____

Work _____

FAX _____

E-mail _____

City of Porterville resident:

Yes

No

Registered Voter:

Yes

No

Qualifications: (It is recommended that a resume or letter accompany this form.)

Please tell us why you are interested in this position.

Resume attached

Letter of request attached

Submitted By: _____

_____ Date

Received by: _____

Forwarded to: City Clerk Date: _____

City Council Date: _____

Staff Liaison Date: _____

Tentative Council Mtg Date: _____