## CITY OF PORTERVILLE REQUEST FOR APPOINTMENT

Please complete all blanks.							
		(Pla	ease Print)				
nt to:	(Na			, or Committee)			
ppointmen	nt; or <u>IF NEV</u>	V, please pro	vide :				
ess:							
dress:							
isiness:	☐ Own	□ Oper	ate				
ddress:							
Work FAX							
erville res	ident:		Regis	stered Voter: Yes No			
	ppointmer ess: dress: ddress: Home Work FAX E-mail	ppointment; or IF NEV ess: dress:  Own  ddress:  Home Work FAX	nt to:	ritto:	(Please Print)  Int to:  (Name of Board, Commission, or Committee)  ppointment; or IF NEW, please provide:  ess:  dress:  Own Operate  Home Work FAX E-mail  erville resident:  Registered Voter:  Yes		

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:								