



CITY OF WATERFORD

320 E Street
Waterford, CA 95386
(209) 874-2328 - phone
(209) 874-9656 - fax

City Council Member Appointment Application

For proper consideration, you must currently be at least 18 years old, a resident of the City of Waterford and a Registered Voter in the City of Waterford

Number of years as a City of Waterford Resident _____ Are you a City Registered Voter? _____

NAME: _____	OCCUPATION: _____
ADDRESS: _____	
DAYTIME PHONE: _____	EVENING PHONE: _____
EMPLOYER NAME: _____	
EMPLOYER ADDRESS: _____	E-MAIL _____

Educational Background/Degrees:

List any City or County Board, Committee or Commission on which you have served and the year(s) of service:

List any organizations to which you belong (professional, technical, community service):

State why you wish to serve as a member of the City Council, and why you believe you are qualified for the position. Please be specific. (You may attach a separate sheet of paper if necessary.)

I understand that any or all information on this form may be verified. I consent to the release of this information for public information purposes.

Signature: _____ **Date:** _____

*Please return to: Waterford City Hall, 320 E Street (209) 874-2328 (OR)
Mail to: P.O. Box 199, Waterford, CA 95386*