CITY OF COALINGA

155 WEST DURIAN ● COALINGA, CA. 93210
(559) 935-1533

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES

Name (print)	Last	First	Middle
Name of Board, Commission or Committee in which you are interested:			
Home Address:		City and State	Zip Code
Current Employer:			
Business Address:			
Telephone:	Home	Office	
What experience or special knowledge do you have that would be of benefit to you in the position for which you are applying?			
Signature:		Date:	