

APPLICATION DEADLINE: 4:30 p.m. Friday, June 30, 2017

APPLICATION FOR COMMUNITY SERVICE

BOARD OF ADMINISTRATIVE APPEALS

Alternate Board Member (2-year term)

Print your name:					
Address:		City:			
ZIP Code: Phone (I	H)	_ (W)	(C)		
e-mail address:					
Employer:					
Address:			City:		
Occupation:					
Years lived in the City of Ar					
List the three (3) main reaso	ons for your intere	est in this	appointment:		
Have you attended any mee	ting of this board	?			
Have you had any previou	-	-		(If yes, please	
What skills/knowledge do y		_			
Administrative Appeals?					

Please indicate any furt	her information or comments you v	wish to make that would be
helpful in reviewing you	ur application.	
Can you attend meeting	re at the decignated time and date?	
Can you attenu meeting	gs at the designated time and date?_	
PLEASE ATTACH YOUR	RESUME (REQUIRED TO BE CONSID	FRFD FOR APPOINTMENT)
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PLEASE NOTE THIS	COMPLETED APPLICATION IS	AVAILABLE FOR PUBLIC
REVIEW.		
Board members are req	uired to file an annual FPPC Form 7	700 (Statement of Economic
Interest) with the City (Clerk and complete a 2-hour online	AB 1234 Ethics course.
DELIVER OR MAIL TO:	CITY CLERK'S OFFICE	
	City of Antioch 200 "H" Street	
	P.O. Box 5007	
	Antioch, CA 94531-5007	
Signature		Date