



CITY OF COMMERCE

APPLICATION FOR COMMISSION/COMMITTEE

PLEASE PRINT

NAME _____ Phone (H) _____ (C) _____

Address _____

E-mail Address _____

Name of Commission, or Committee you are interested in serving (in order of preference).

- | | | |
|---|---|--|
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Pageant Steering | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parks & Recreation | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Library | <input type="checkbox"/> Planning | <input type="checkbox"/> Youth Advisory Committee (13-19 yrs.) |

Years in Commerce _____ Homeowner: Yes No How Long At Present Address? _____

Is any member of your household presently on a City Commission, or Committee? Yes No

If yes, please provide name of member: _____

Please answer the following questions as completely as possible.

(Use the reverse side of this form if necessary)

What are your reasons for wanting to serve on this Commission/Committee? _____

Why do you feel you would make a good Commissioner/Committee Member? _____

Additional Comments: _____

Return to: City Clerk
2535 Commerce Way
Commerce, CA 90040
323-722-4805, Ext. 2342

Signature

Date

NOTICE: Pursuant to Resolution No. 14-115 all Appointees must take the required loyalty oath, complete the Application for Appointment and provide fingerprints within 12 weeks of appointment or reappointment. Failure to comply with this requirement will result in automatic termination from the City Commission, Committee or Board.