Staff Use Only	
Received By:	
Date:	



## **Town of Ross**

Post Office Box 320, Ross, CA 94957

Phone (415) 453-1453 Fax (415) 453-1950

Web www.townofross.org

## TOWN COUNCIL COMMITTEE APPOINTMENT APPLICATION

hone	Evening Phone		
<u> </u>		ase provide the	following
•		Yes 🗖	No □
		Yes 🗖	No 🗖
Position/Employer	Leng	th of Employme	ent
Do you own real property in Ross?		Yes □	No □
If yes, please list the addresses of a address):	all Ross properties (	or parcel numb	er, if no
Please list any relevant experience, education, special training, skill, or past or present community involvement, which you feel would qualify you to serve as a Town Council Committee member.			
		<del> </del>	
	ist the Town Council in evaluating ynation (attach a separate sheet if nea. Are you currently a resident of b. How many years have you been Are you registered to vote in the Tayou of the Tayou must be a registered to Position/Employer	ist the Town Council in evaluating your application, pleanation (attach a separate sheet if necessary):  a. Are you currently a resident of the Town of Ross? b. How many years have you been a Town resident?  Are you registered to vote in the Town of Ross? (To qualify, you must be a registered voter in Ross.)  Position/Employer Leng  Do you own real property in Ross?  If yes, please list the addresses of all Ross properties (address):  Please list any relevant experience, education, special present community involvement, which you feel woul	state

7. How do you feel you could contribute to Vector Control District Board of Trustees?	to the Sonoma/Marin Mosquito and
8. Describe your vision for the Town of Ro	oss in ten years.
plicant Signature	
nature of Applicant	Date

or dropped off at the Town Administration Office. If you have any questions, please contact the Town Administration Office at (415) 453-1453 ext. 105.