



**CITY OF YUBA CITY**  
**APPLICATION FOR CITY BOARDS AND COMMISSIONS**

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APPLICATION FOR APPOINTMENT TO:

**Accessibility Board of Appeals**

Name: \_\_\_\_\_

Address/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer/Address/Zip: \_\_\_\_\_

**Please answer the following questions, on a separate sheet:**

1. What are your reasons for wishing to serve on this commission?
2. Describe your experiences and/or qualifications which will assist the City Council in evaluating your application.
3. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member of this body?

YES

NO

*NOTE: The filing of a conflict of interest statement may be required for appointment on an annual basis thereafter.*

**Return completed application to:**  
**City Clerk's Office, 1201 Civic Center Blvd., Yuba City, CA 95993**  
**Or Email: [tlocke@yubacity.net](mailto:tlocke@yubacity.net)**