



CITY OF YUBA CITY
APPLICATION FOR CITY BOARDS AND COMMISSIONS

APPLICATION FOR APPOINTMENT TO:

Handicapped Board of Appeals

Name: _____

Address/Zip: _____

Home Phone: _____ Business Phone: _____

Occupation: _____

Employer Name: _____

Address: _____

Please answer the following questions, on a separate sheet:

1. What are your reasons for wishing to serve on this board?
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.

Please return completed application to:
City Clerk's Office, 1201 Civic Center Blvd., Yuba City, CA 95993