# CITY OF YUBA CITY

## APPLICATION FOR CITY BOARDS AND COMMISSIONS

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APPLICATION FOR APPOINTMENT TO:

## Sutter-Yuba Mosquito Vector Control

Name: _____

Address/Zip: _____

Contact Phone: _____

E-mail: _____

Occupation: _____

Resident of the City of Yuba City: YES ☐ NO ☐

If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member of the Commission?

YES ☐ NO ☐

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**Please answer the following questions on a separate page:**

1. Why do you wish to serve as a member of the Mosquito Vector Control Board?

2. What would you bring in the way of perspective or experience to the Mosquito Vector Control Board?

3. Describe qualifications which will assist the City Council in evaluating your application.

*Please return completed application to:*

**City Clerk**
**City of Yuba City**
**1201 Civic Center Blvd.**
**Yuba City, CA 95993**

**Or email:** *tlocke@yubacity.net*