



**City of Lafayette**  
3675 Mt. Diablo Boulevard, Suite 210  
Lafayette, CA 94549  
Tel. (925) 284-1968 • Fax (925) 284-3169

### City Commission/Committee Appointment Application

Application for:

- |  |  |
|--|--|
| <input type="checkbox"/> Banner Advisory Committee             | <input type="checkbox"/> Downtown Congestion Reduction Plan Steering Committee |
| <input type="checkbox"/> Bicycle Pedestrian Advisory Committee | <input type="checkbox"/> Environmental Task Force                              |
| <input type="checkbox"/> Circulation Commission                | <input type="checkbox"/> Parks, Trails, Recreation Commission                  |
| <input type="checkbox"/> Code Enforcement Appeals Board        | <input type="checkbox"/> Planning Commission                                   |
| <input type="checkbox"/> Community Center Foundation           | <input type="checkbox"/> Public Art Committee                                  |
| <input type="checkbox"/> CPAC – Capital Projects Assessment    | <input type="checkbox"/> Senior Services Commission                            |
| <input type="checkbox"/> Creeks Committee                      | <input type="checkbox"/> 2013 Emergency Services Task Force                    |
| <input type="checkbox"/> Crime Prevention Commission           | <input type="checkbox"/> Youth Commission                                      |
| <input type="checkbox"/> Design Review Commission              | <input type="checkbox"/> Other (Special City Council Appointment)              |
| <input type="checkbox"/> DSIMPIC – Downtown Street Improv.     |  |
| <input type="checkbox"/> Emergency Preparedness Commission     |  |

*(Please check off all Commissions/Committees on which you would be interested in serving)*

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

Street Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_ Cell Tel. \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Length of Residency in Lafayette: \_\_\_\_\_

Applicable Experience/Training for Position *(attach additional page if necessary)*: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

over →

Please list three professional references:

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Please list your most recent public or civic volunteer experience:

**NOTE: All applications are considered public records** and will be retained in an active file for two years from date of receipt. Applicants will be contacted by a City representative whenever appropriate vacancies occur during said two-year period to determine continuing interest and availability. **If you do not want your address and telephone numbers to be publicly disclosed you must notify the city clerk in writing to be attached to the application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_