



CITY OF REDDING
BOARD, COMMISSION AND
COMMITTEE APPLICATION **

Return completed application to:
City of Redding City Clerk's Office
777 Cypress Avenue, 3rd Floor
Redding, California 96001-3396
Telephone (530) 225-4055
Fax: (530) 225-4463
email: mstockwell@ci.redding.ca.us

Date: _____

Name: _____

Home Address: _____

Home Telephone No. _____ Email: _____

Occupation: _____ Fax No. _____

Name of Business: _____

Business Address: _____

Business Telephone No. _____ Business Email: _____

*Your personal contact information will only be disclosed with your permission. By signing below, you give permission to the City of Redding to publicly disclose your personal contact information, including home address, telephone number, fax number, and email. **Personal information check marked above will NOT be released.** Your name, occupation, business contact information, statement of qualifications, and reasons for service may be publicly released without your written consent.*

Signed: _____ Date: _____

I would like to be considered for service on the following City of Redding Boards, Commissions, or Committees- I have numbered by order of interest:

- | | |
|---|--|
| <input type="checkbox"/> Administrative Hearings Board | <input type="checkbox"/> Economic Development Corp. of Shasta County |
| <input type="checkbox"/> Board of Appeals | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Community Development Advisory Committee | <input type="checkbox"/> Shasta Mosquito & Vector Control District |
| <input type="checkbox"/> Community Services Advisory Commission | <input type="checkbox"/> Shasta Public Library Citizens Advisory Co. |
| <input type="checkbox"/> Other: _____ | |

Statement of Qualifications:

(Please continue on reverse side)

Please give your reasons for choosing to apply for service on this board, commission, or committee:

**** Please Note: Applications are kept on file for three years, after which time it will be necessary to reapply.****