

CITY OF SAN RAFAEL

APPLICATION TO SERVE AS MEMBER OF THE  
SAN RAFAEL CITY COUNCIL

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

RESIDENT OF THE CITY OF SAN RAFAEL FOR \_\_\_\_\_ YEARS

PRESENT OCCUPATION: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\*HOME & BUSINESS PHONE: \_\_\_\_\_

\*E-MAIL ADDRESS: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

PARTICIPATION IN THE FOLLOWING CIVIC AND COMMUNITY ACTIVITIES / ORGANIZATIONS:

WHY DO YOU WANT TO BE CONSIDERED FOR THE POSITION OF CITY COUNCILMEMBER?

WHAT ARE THE THREE MAJOR ISSUES FACING THE CITY OF SAN RAFAEL?

WHAT IS YOUR VISION FOR THE CITY OF SAN RAFAEL?

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: APPLICANT MUST BE AT LEAST 18 YEARS OF AGE AND A REGISTERED VOTER OF THE CITY OF SAN RAFAEL

**Filing Deadline:**

Date: Monday, December 17, 2012

Time: 5:00 p.m.

**Mail or deliver to:**

City of San Rafael, Dept. of City Clerk  
City Hall, 1400 Fifth Avenue, Room 209  
P.O. Box 151560  
San Rafael, CA 94915

\*This information will be kept confidential, to the extent permitted by law.