

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.