

Application for the Alameda County Mosquito Abatement District

Please print the following information:

NAME: _____
(Last) (First) (Middle Initial)

HOME ADDRESS: _____

TELEPHONE Home: _____ Business: _____

OCCUPATION: _____ EMPLOYER: _____

EXPERIENCE (List current or previous experience on a public agency committee): _____

STATEMENT OF QUALIFICATIONS (Provide a brief statement indicating why you are interested in serving and why you are qualified for appointment): _____

RELEVANT WORK OR VOLUNTEER EXPERIENCE (Please list current or previous work or volunteer experience): _____

Application forms are public information. Would you like your home telephone number and address to be withheld? Yes _____ No _____

(Signature) (Date)

File this application with the City Clerk, City Hall, 2263 Santa Clara Avenue, Room 380. You will be notified if appointed. Applications are kept on file for one year. Revised 10-2012