

Application for Special District & City Appointments

Name (Please Print): _____

Supervisorial District: _____

Mailing Address (PO Box or Street, City, State, Zip): _____

Term (2yr/4yr): _____

Residence Address (PO Box or Street, City, State, Zip): _____

Email address: _____

Primary Phone: _____

Secondary Phone: _____

NAME OF BOARD FOR WHICH APPLICATION IS BEING MADE:

Vacancy Title or Representative of (i.e. District # Rep, etc.):

Please state briefly your previous experience/background which you feel will be of benefit to serve.

State briefly your reason for wanting to serve on this Board.

Additional information you would like to submit.

Date: _____

Signature: _____

Government Code section 7928.205 No state or local agency shall post the home address or telephone number of any elected or appointed official on the internet without first obtaining the written permission of that individual. The signature below acknowledges that the undersigned has read and understands this Government Code and authorizes the Clerk to the Calaveras County Elections Office and the Technology Services Department to post the name, mailing address, telephone number and email address of the applicant, upon appointment, on the County's website.

Date: _____

Signature: _____

Return to: **Calaveras County Elections Department**
891 Mountain Ranch Road, San Andreas, CA 95249

Phone: (209)754-6376 FAX: (209)754-6733

Email: Electionsweb@calaverascounty.gov

For Office Use Only:

Mtg Date: _____

Applicant Notified: _____

Registered Voter: _____