APPLICATION FOR APPOINTMENT TO SPECIAL DISTRICT GOVERNING BOARD

NAME: MAILING ADDRESS: RESIDENCEADDRESS:			
		TELEPHONE NO.:	
		TELEPHONE NO.:	(residence)
NAME OF SPECIAL DISTRICT FOR WHICH	H APPLICATION IS BEING MADE:		
Please state briefly your previous experience/baserving on this specific Board.	ackground which you feel will be of benefit to your		
State briefly your reason for wanting to serve or	n this Board.		
Other information you would like to submit.			
(date)	(signature)		

RETURN TO: Murphys Sanitary District209 728-3094 15 Ernest St Suite A Murphys, CA 95247 csecada@murphyssd.org

