



ADVISORY BODY APPLICATION

Most Applicants must reside within the Livermore City Limits

NAME: _____ DAYTIME PHONE: _____

I would like to be considered for appointment to - check your preference
(You may indicate interest in more than one board by numbering your preference 1,2, etc.)

- | | |
|--|---|
| <input type="checkbox"/> Airport Advisory Commission | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Pilot <input type="checkbox"/> Resident | <input type="checkbox"/> Tenant <input type="checkbox"/> Resident |
| <input type="checkbox"/> Beautification Committee | <input type="checkbox"/> Human Services Commission |
| <input type="checkbox"/> Commission for the Arts | <input type="checkbox"/> Library Board of Trustees |
| <input type="checkbox"/> Environment & Energy Commission | <input type="checkbox"/> Livermore Area Youth Advisory Commission |
| <input type="checkbox"/> Golf Course Greens Committee | <input type="checkbox"/> Youth <input type="checkbox"/> Adult |
| <input type="checkbox"/> Historic Preservation Commission | <input type="checkbox"/> Planning Commission |
| | <input type="checkbox"/> Other |

Home Address:			
Home Phone:	Work Phone:	Cell Phone:	Email Address:
Years a Livermore Resident:			
Employer:			
Occupation and Type of Business:			
Education:			

Please attach a separate page with any relevant information relating to the appointment desired.

