



**Application Deadline: 5 p.m.  
Friday, August 6, 2010**

**CITY OF SANTA CLARITA  
REDEVELOPMENT AGENCY OF THE CITY OF SANTA CLARITA  
COMMISSION / COMMITTEE / PANEL APPOINTMENT APPLICATION  
PLEASE ATTACH THREE (3) LETTERS OF RECOMMENDATION TO THIS APPLICATION**

APPLICANT NAME	ADDRESS	TELEPHONE NUMBER Home: Business:
COMMISSION / COMMITTEE ON WHICH YOU DESIRE TO SERVE:		
BACKGROUND INFORMATION:  1. Are you a registered voter? _____ How long? _____  2. Are you now serving on a City Commission / Committee? _____ If so, which one(s) _____  3. Have you previously served on a City or County Commission / Committee? _____ If yes, which one(s) and date (s) _____ _____ _____		
EDUCATION: Indicate the highest year completed and degrees received:		
EMPLOYMENT: Employer's name, address, phone and your position or title:		
YOUR REASONS FOR WANTING TO SERVE:		
QUALIFICATIONS OR EXPERIENCE: Applicable to the purpose and subject matter of this Commission/Committee:		
The following may be required prior to appointment: (1) A background investigation (2) A Statement of Economic Interests  <b>EVENING AVAILABILITY IS REQUIRED</b>		
I declare that the information furnished hereinabove is true and correct to the best of my knowledge.  _____ APPLICANT SIGNATURE DATE <b>PLEASE ATTACH THREE (3) LETTERS OF RECOMMENDATION TO THIS APPLICATION</b>		
FOR CITY USE ONLY Received by / date		