



# City of Clearlake

14050 Olympic Drive, Clearlake, California 95422  
(707) 994-8201 Fax (707) 995-2653

**Measure V Citizen's Oversight Committee Member Application**  
**Please return the completed application to the City Clerk at the above address**  
**by January 18, 2017 at 5:00 P.M.**

*Please be advised that the information on this form is a public record subject to disclosure upon request under the California Public Records Act.*

Name: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Registered Voter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide a brief statement regarding what skills you would bring to the Citizen's Oversight Committee if appointed:

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Please provide a brief summary of your education and work experience:

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Name of City Commissions/Committees  
On Which You Have Served

No. of Years

Position(s) Held

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Name of County Commissions/Committees  
On Which You Have Served

No. of Years

Position(s) Held

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\_\_\_\_\_

Can you attend daytime meetings (8:00 A.M. – 5:00 P.M.)

Yes  No

Can you attend evening meetings (After 5:00 P.M.)

Yes  No

A résumé reflecting experience, community activities, or other qualifications not listed above may be attached in order to assist the Council in evaluating your application (OPTIONAL).

**The City Council will consider all applicants and make appointment at the January 26, 2017 Regular City Council Meeting. For further information contact Melissa Swanson, City Clerk at 994-8201 Ext. 106 or mswanson@clearlake.ca.us.**

**I HEREBY CERTIFY UNDER PENALTY OF DISQUALIFICATION AND TERMINATION THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received

By: