

APPLICATION

FOR APPOINTMENT TO FILL VACANCY **SAN LEANDRO CITY COUNCIL, DISTRICT 4**

For Official Use

This application will be forwarded to the City Council for consideration to fill the vacancy in

District 4, for the term ending December 3 2012.	Resident of San Leandr Resident of District 4 Registered Voter	o Yes No Years Yes No
Please type or print		
Name Mr. Ms. Last	First	Middle Initial
Home Address Address	City	Zip
Home Phone ()	Cell Phone ()	(optional)
Work/Alternate Phone ()	Email	
Current Employ Employer	ment Information	
Address		
Position	Dates of Employment	
Responsibilities		
(A separate shee	ionnaire et may be attached)	
Please describe your education, training, and/or a	ny special certifications:	

Please explain why you want to be appointed to the City Council:		
	_	
lease list any previous City of San Leandro Board, Commission, or Committee on which you ha erved:	ve	
	_	
lease list any community organizations to which you belong or have belonged:	_	
	_	
lease provide any additional information you wish which covers your qualifications, interests, raining related to this appointment:	or	
	_	
	_	
have sufficient time to devote to this responsibility and will attend the required meeting(s) if I am ppointed. I am also aware that this application is a public document. If appointed, I will file the ecessary disclosure documents as required under the Political Reform Act.		
ignature Date		

Please return your application by 5:00 p.m. on August 17, 2012 to:

Office of the City Clerk City of San Leandro 835 East 14th Street San Leandro, CA 94577

No application will be accepted after the deadline.