CITY OF CLOVIS

Committee/Board/Task Force Application

Name _____

Home Address _____

Home Telephone _____ Cell Number _____

Business or Occupation _____

Employer _____

Business Number _____ Fax Number _____

Business Address _____

Committee Board or Task Force applied for _____

Please tell us why you are interested in this appointment and what special skills or knowledge you offer.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: _____

PRINT FORM