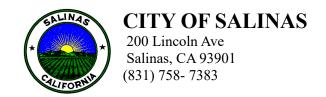


Return completed application to:
Office of the City Clerk
200 Lincoln Ave
Salinas, CA 93901

APPLICATION FOR APPOINTMENT TO THE CITY COUNCIL VACANCY

Applicant Name:	
Residence Address:	
Email:	Phone Number:
Occupation:	Employer:
Please initial next to the following to confirm these	e are true statements:
I am a Registered Voter	I am 18 years of age or older
I am a Resident and live within <u>Dist</u>	<u>rrict 3</u> boundaries
In addition to completing the application quest order for your application to be considered, th	tionnaire, please feel free to attach your resume. In e applicant questionnaire must be completed.
Background, Education, Experience:	
file a Statement of Economic Interests (Form 7	ith State law, I understand that I will be required to 700) upon appointment to office and annually d materials will be considered a public record and I copying. I understand that if appointed, I am
Applicant's Signature	Date

This application is a public record and will be included with the applicable City Council materials and may be posted on the City of Salinas website. Thank you for your interest in serving on the Salinas City Council.



Return completed application to:
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Salinas, CA 93901

APPLICANT QUESTIONNAIRE

Please print or type. If you need more space, attach a separate sheet.

1	What analifies you to some an the Colines City Council?	
1.	1. What qualifies you to serve on the Salinas City Council?	
2.	What are your top three priorities for the City of Salinas?	
	what are your top three priorities for the city of Samus.	
3.	Why should you be appointed to serve on the Salinas City Council?	

This application is a public record and will be included with the applicable City Council materials and may be posted on the City of Salinas website. Thank you for your interest in serving on the Salinas City Council.