



REVENUE MEASURE COMMITTEE

(Please print or type)

Name: _____
(Last) _____ (First) _____ (Full Middle Name) _____

Business Address: _____

Home Address: _____

Business
Phone: _____ Cell: _____ Email: _____

Please indicate why you are interested in serving and what skills you may have to contribute:

Community and Professional Organizations/Activities:

Previous Experience (board or committee member):

Educational Background:

Consent to be Nominated and Certification of Truthfulness and Accuracy of Information:

I declare that the above statements are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

This position is for a one-year term. If you are selected, the information contained on this form will become a public record.

Please send completed forms to the **OFFICE OF THE CITY CLERK, 319 N. DOUTY STREET, HANFORD, CA 93230**; or by email to ncorral@hanford.city. For further information, call 559-585-2515, OR 559-537-7999