



## 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:

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Community and Professional Organizations/Activities:

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Previous Experience (board or committee member):

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Educational Background:

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### 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](mailto:ncorral@hanford.city). For further information, call 559-585-2515, OR 559-537-7999

**For Office use Only:** ☐ New Appointment date:

☐ Reappointment date:

DISTRICT: