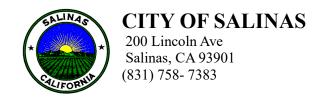


Return completed application to:
Office of the City Clerk
200 Lincoln Ave
Salinas, CA 93901

## 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 the	ese are true statements:
I am a Registered Voter	I am 18 years of age or older
I am a Resident and live within <u>Di</u>	istrict 3 boundaries
	estionnaire, please feel free to attach your resume. In the applicant questionnaire must be completed.
Background, Education, Experience:	
file a Statement of Economic Interests (Form thereafter. I understand that my application a	with State law, I understand that I will be required to a 700) upon appointment to office and annually and materials will be considered a public record and and 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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200 Lincoln Ave
Salinas, CA 93901

## APPLICANT QUESTIONNAIRE

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

1. What qualifies you to serve on the Salinas City Council?	
2. What are your top three priorities for the City of Salinas?	
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.