

Citizens Advisory Committee

Application

Information				
Full Name:	Last	First	M.I.	Age:
Address:				
	Street Address			Apartment/Unit #
	_			
	City		State	ZIP Code
Phone:		Email		
Employer				
Affiliation w	ith community organizat	ions or neighborhood association:		
Why do you	ı want to serve on the c	ommittee:		