



## CITY OF GRAND TERRACE APPLICATION FOR CITIZEN SERVICE

Complete and submit to the City Clerk's Department

Applying as a member of the \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

Education \_\_\_\_\_

Are there any workday evenings you could not meet? ( ) Yes ( ) No. If yes, please list them.

\_\_\_\_\_

Why are you interested in this appointment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you consider to be your major qualifications?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

References

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please attach a written statement containing any additional information you feel would be useful to the City Council.