



APPLICATION FOR APPOINTMENT
TO THE
CITY OF SANGER
CITIZEN'S OVERSIGHT COMMITTEE
(MEASURE S)

Name _____ Date of Birth _____
(last) (first) (middle) (mo/day/yr)

Address _____

Telephone _____
(home) (cell) (business)

Please state the number of years you have been a registered voter in the City of Sanger. _____

Are you a United States Citizen? Yes _____ No _____

Have you ever been arrested or convicted of a felony? Yes _____ No _____

Please state your educational background: _____

Please list any organizations of which you are a member and any offices you have held in those organizations: _____

List any appointed public boards or commissions on which you have served, dates of service and any chairmanship or office held: _____

(Please complete reverse side)

Briefly state why you wish to serve on the City of Sanger Citizen's Oversight Committee (Measure S):

If you wish, you may list references in the space provided below: _____

Signature

Date