



**APPLICATION FOR CITY OF SALIDA  
COMMITTEES, BOARDS, AND COMMISSIONS**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE # (home) \_\_\_\_\_ (work) \_\_\_\_\_

FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

APPLYING FOR \_\_\_\_\_ COMMITTEE,  
BOARD, COMMISSION

**BACKGROUND AND/OR EXPERIENCE (Business and/or Personal):**

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**PERSONAL AND JOB RELATED INTERESTS:**

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**REASONS FOR APPLYING:**

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(Attach extra sheets if necessary)  
Thank you for applying. Salida City Council