



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

DATE \_\_\_\_\_  
NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELEPHONE # (home) \_\_\_\_\_ (work) \_\_\_\_\_  
(cell) \_\_\_\_\_  
FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

**APPLYING FOR:**

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Adjustment              | <input type="checkbox"/> Salida/Chaffee County Airport Board |
| <input type="checkbox"/> Board of Appeals                 | <input type="checkbox"/> SteamPlant Commission               |
| <input type="checkbox"/> Historic Preservation Commission | <input type="checkbox"/> Tree Board                          |
| <input type="checkbox"/> Planning Commission              | <input type="checkbox"/> Public Art Commission               |
| <input type="checkbox"/> Recreation Advisory Board        | <input type="checkbox"/> Other _____                         |

**Please fill out the following information about yourself and why you are applying for this position. (Attach resume or extra sheets if necessary)**

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

**PERSONAL AND JOB RELATED INTERESTS:**

**REASONS FOR APPLYING:**

**Thank you for applying. Salida City Council**

**Please return the completed application to:**

**Lynda Travis  
Deputy City Clerk  
City Hall  
448 E. 1<sup>st</sup> Street, Suite 112  
Salida, CO 81201**