

APPLICATION FOR CITY OF SALIDA COMMITTEES, BOARDS, AND COMMISSIONS

DATE		
NAME		
ADDRESS		
CITY	STATE _	ZIP
TELEPHONE # (home)		(work)
(cell)		
FAX #	E-MAIL	
APPLYING FOR: ☐ Board of Adjustment ☐ Board of Appeals ☐ Historic Preservation Commission ☐ Planning Commission ☐ Recreation Advisory Board	□ Ste	ida/Chaffee County Airport Board amPlant Commission se Board her
Please fill out the following informati this position. (Attach resume or extr BACKGROUND AND/OR EXPERIE	a sheets if necessa	ary)
	(•

PERSONAL AND JOB RELATED INTERESTS:				
REASONS FOR APP	PLYING:			

Thank you for applying. Salida City Council

Please return the completed application to: lynda.travis@cityofsalida.com

- Or Deputy City Clerk
City Hall
448 E. 1st Street, Suite 112
Salida, CO 81201