

**CITY OF RIDGECREST**  
**Application for Citizen Service**

As a member of:

<input type="checkbox"/> Planning Commission	<input type="checkbox"/> Personnel Commission
<input type="checkbox"/> Handicap Access Appeals Board	<input type="checkbox"/> Construction Appeals Board
<input type="checkbox"/> Measure $\nabla$ Advisory Committee	<input type="checkbox"/> Other _____

**SPECIAL QUALIFICATION REQUIREMENT**

Are you representative of any of the following categories:

<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Structural Engineer
<input type="checkbox"/> Architect	<input type="checkbox"/> General Contractor
<input type="checkbox"/> Lay Member of the Public	
<input type="checkbox"/> Specialty Contractor (other than one from a trade regulated by the codes)	

Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Address MUST be within city limits to serve on any committee

Occupation: \_\_\_\_\_

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

\_\_\_\_\_

What do you consider to be your major qualification(s)? \_\_\_\_\_

\_\_\_\_\_

Are there any days or work day evenings you could NOT meet? If so, please list: \_\_\_\_\_

\_\_\_\_\_

Please list any additional information you feel would be useful to the City Council \_\_\_\_\_

\_\_\_\_\_

Please return completed form to:

City Clerk  
City of Ridgecrest  
100 W California Ave  
Ridgecrest, CA 93555

\_\_\_\_\_  
Applicant's Signature