 TOWN OF APPLE VALLEY

APPLICATION FOR SERVICE ON THE CITIZEN’S BUDGET ADVISORY COMMITTEE

DEADLINE: FEBRUARY 5, 2021

***Please print or type all information:***

Name:

Address:

Telephone: Occupation:

Email: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| Are you a registered voter in the Town of Apple Valley? |  |  |  |
| Do you own real property in the Town of Apple Valley or its Sphere of Influence? |  |  |  |
| Are you related to an elected official or employee  of the Town of Apple Valley? |  |  |  |

If so, please give name, relationship and title or office of relative.

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How long have you lived within the Town boundaries of the Town of Apple Valley or its Sphere of Influence?

**SPECIAL KNOWLEDGE OR EXPERIENCE OF HELPFUL NATURE**

List Civic Activities, Clubs, Organizations, etc.

Why do you wish to serve on the Citizen’s Budget Advisory Committee?

Signature

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**FOR TOWN RECORD AND INFORMATION**

Date appointed by Council:

Term expires:

Comments: