

**COUNTY OF ALPINE**

**COMMISSIONS AND COMMITTEES - APPLICATION FOR APPOINTMENT**

**COMMISSION / COMMITTEE:** \_\_\_\_\_

**COMMISSION / COMMITTEE POSITION:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **ALTERNATE PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please state briefly your reason for wanting to serve on this commission/committee:**

**List experiences that you feel will be helpful when you serve on this commission/committee:**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

**Please return application to:** **ALPINE COUNTY CLERK**  
**P.O. BOX 158**  
**MARKLEEVILLE, CA 96120**

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