

# Candidate for Public Service Appointment Marina Coast Water District

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Name of Committee/Commission you are applying for: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Years of Residence in Marina: \_\_\_\_\_

Business Affiliation: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_

Occupational Experience: \_\_\_\_\_

\_\_\_\_\_

Membership in Professional or Technical Organizations: \_\_\_\_\_

\_\_\_\_\_

Civic or Community Experience, Memberships or Previous Public Service Appointments: \_\_\_\_\_

\_\_\_\_\_

Experience or Special Knowledge Pertaining to Area of Interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date