CITY OF WILDOMAR PLANNING COMMISSION APPOINTMENT APPLICATION



A Supplemental Questionnaire is required for a Planning Commission appointment. Your application will not be considered complete without submittal of both forms.

| Applicant Name: | | | | |
|-----------------|---|-----------------------------|---|-------------------|
| | idence ress: | | | |
| Tele | phone: | | | |
| | | | Work | |
| E-m | ail Address: | | | |
| BAC | KGROUND INFORMATION: | | | |
| 1. | Are you registered to vote in Wildomar? | | | |
| 2. | How long have you lived in Wildomar? | | | |
| EDU | CATION: | | | |
| Highe | est year completed | Highest Degree rec | eived | |
| EMP | LOYMENT: | | | |
| Emplo | yer's name & address | | | |
| Emplo | yer's phone number/Type of Business | | | |
| Your p | osition or title | | | |
| meet | ings may be scheduled from t | ime to time on other ever | sday of the month at 6:30 pm. Add nings/days. Are you available to a special meetings? If not, please e | ttend the regular |
| This | document is also a public reco | ord and will be given to th | tatement of Economic Interests w ose persons who request it. In add w requirements and cannot be wait | dition, mandatory |
| l dec | lare that the information furnished | hereinabove is true and co | rect to the best of my knowledge. | |

Applicant Acknowledgement: