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: