



APPLICATION FOR SUTTER COUNTY BOARD, COMMITTEE, OR COMMISSION

(FOR COUNTY USE ONLY)

Return to:
CLERK OF THE BOARD
1160 CIVIC CENTER BLVD. YUBA CITY, CA 95993
(530) 822-7106

Instructions: Please complete each section below. Be sure to enter the title of the Board, Committee, or Commission for which you desire consideration. Please type or print in ink legibly. The application will be maintained for a period of 1 year. After one year, it is necessary to file a new application for another year of eligibility. In the event that Sutter County receives more applications than there are vacancies available, preliminary interviews may be held. *Sutter County reserves the right to close the recruitment without notice upon receipt of a sufficient number of qualified applicants.*

BOARD, COMMITTEE, OR COMMISSION TO WHICH YOU ARE APPLYING FOR MEMBERSHIP:

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: First Second Third Fourth Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

_____		_____		_____	
First Name		Middle Name		Last Name	
_____		_____		_____	
Street Address		City		State	Zip Code
_____			_____		
Home Phone Number			Cell Phone Number		

Email Address					

HOW DID YOU HEAR ABOUT THIS VACANCY? Appeal Democrat Flyer Sutter County Website
 Other _____

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

IF APPOINTED, I COMMIT TO ATTENDING MEETINGS AND FULFILLING THE RESPONSIBILITIES ASSOCIATED WITH THE APPOINTMENT.

_____ DATE _____
APPLICANTS SIGNATURE

CLERK OF THE BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____
	Deputy Clerk of the Board
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> All BOS	<input type="checkbox"/> BOS District 3
	<input type="checkbox"/> BOS District 4
	<input type="checkbox"/> BOS District 5
	<input type="checkbox"/> BCC Contact Person Name: _____