APPLICATION FOR APPOINTMENT
TO THE
NEVADA COUNTY TRANSPORTATION COMMISSION
SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL

NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

RESIDENCE TELEPHONE: _____BUSINESS TELEPHONE: _____

FAX NUMBER: _____EMAIL: _____

OCCUPATION:_____

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EXPERIENCE RELEVANT TO ACTIVITIES OF THE ADVISORY COUNCIL:
(Include educational background, personal interests, community service group memberships, etc.)

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REFERENCES:

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DATE: _____SIGNATURE: _____

NOTE: **Because of provisions of state law, appointments must be considered by the Nevada County Transportation Commission in an open meeting. Therefore, any information you submit on your application will become a matter of public record.**