

**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:

EXPERIENCE RELEVANT TO ACTIVITIES OF THE ADVISORY COUNCIL:

(Include educational background, personal interests, community service group memberships, etc.)

REFERENCES:

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.**