



**CITY OF PITTSBURG
APPLICATION FOR CITIZEN PARTICIPATION ON COMMISSION**

Name of Commission: _____

Name: _____

Address: _____

Email: _____

Telephone: Residential: _____ Business: _____

Professional or Technical Experience: _____

Why are you interested in serving on this commission: _____

Other Community Activities or Organizations in which you participate: _____

RETURN TO:
City Clerk's Office
City of Pittsburg
65 Civic Avenue
Pittsburg, CA 94565

ARE YOU AVAILABLE FOR:
Evening Meetings Yes ___ No ___
Daytime Meetings Yes ___ No ___

SIGNATURE

PLEASE PRINT NAME

DATE