APPLICATION
Commission and Committees

City of Newark
Newark, California

Name _____ Occupation _____

Address _____ Age (Optional) _____

Telephone (Home) _____ (Business/Cell) _____

Email Address _____

Are you a registered voter for the City of Newark? Circle one: Yes or No

I would like to be on the following Commission or Committee: _____

because: _____

_____

_____

_____

_____

Other City Government groups that I would consider serving on: _____

_____

_____

_____

I belong to the following organizations: _____

_____

_____

Signature and Date: _____

Return the completed form, by the posted date, to:
City Clerk's Office
City of Newark
37101 Newark Boulevard
Newark, CA 94560