



APPLICATION FOR CITY OF SOLVANG  
COMMISSION, BOARD OR COMMITTEE

Please return to:  
City Clerk  
1644 Oak Street  
Solvang, Ca. 93463

1. Applying for (Use specific title)

\_\_\_\_\_

2. Today's date:

\_\_\_\_\_

3. Name:

\_\_\_\_\_

Last

First

Middle

4. Telephone:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

5. Address:

\_\_\_\_\_

Number

Street

6. Occupation:

\_\_\_\_\_

City

Zip Code

7. Availability for meetings: (Please check)

Any time \_\_\_\_\_

Days Only \_\_\_\_\_

Evenings Only \_\_\_\_\_

Any combination – Explain \_\_\_\_\_

\_\_\_\_\_

8. Additional information: (Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests which bear on your application (Attach additional sheets as necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant