



CITY OF DEL MAR

1050 Camino del Mar
Del Mar, CA 92014
Phone: 858 - 755-9313
Fax: 858-755-2794

BUSINESS SUPPORT **INTEREST FORM**

NAME _____

LAST

FIRST

MIDDLE INITIAL

RESIDENCE

ADDRESS _____

NUMBER/STREET

CITY

PHONE

FAX

E-MAIL ADDRESS: _____

EDUCATION: _____

NAME OF DEL MAR BUSINESS: _____

BUSINESS

ADDRESS _____

NUMBER/STREET

CITY

PHONE

FAX

TYPE OF BUSINESS: _____

I am interested in serving on Del Mar's **BUSINESS SUPPORT ADVISORY COMMITTEE.**

QUALIFICATIONS FOR APPOINTMENT AND/OR REASONS FOR APPLICATION:

(Attach additional pages as needed).

LOCAL RESIDENTS OR DEL MAR BUSINESS PERSON QUALIFIED TO COMMENT ON MY CAPABILITIES (INCLUDING AT LEAST TWO INDIVIDUALS WHO ARE NOT CONNECTED OFFICIALLY WITH THE CITY OF DEL MAR):

NAME

ADDRESS -- STREET ONLY

BUSINESS OPERATION/RESIDENCE:

MONTH

YEAR

I HAVE OPERATED A BUSINESS IN DEL MAR SINCE: _____

I HAVE BEEN A RESIDENT OF CALIFORNIA SINCE: _____

I HAVE BEEN A RESIDENT OF SAN DIEGO COUNTY SINCE: _____

The Del Mar Municipal Code requires that all members of its committees file Conflict of Interest Statements with the City Clerk in conformance with the Fair Political Practices Commission.

By signing below, I am acknowledging that I have received a copy of the Del Mar Resolution(s) describing the committee for which I am applying.

SIGNATURE

RETURN COMPLETED FORM TO:

City Clerk, City of Del Mar
1050 Camino Del Mar
Del Mar, CA 92014

DATE