



**BOARD, COMMISSION AND / OR COMMITTEE APPLICATION**

Applicant's Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Physical Address – No PO Boxes)

Daytime Telephone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Special comments and / or interests:

Background and Qualifications:

**You must be registered voter in the City of Needles to qualify for appointment.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return Completed Application to the Attention of the City Clerk at 817 Third Street, Needles

