

ADVISORY GROUP NAME:

HARBOR AND BEACHES ADVISORY COMMITTEE

CITY OF OCEANSIDE

Application for ADVISORY GROUP

This application is defined as a public record under the Public Records Act. Completion and submission of this application are required for consideration of appointment to a City advisory group. This application must be submitted with an original signature no later than the deadline established by the City Clerk for each advisory group application period. You must be a resident or business or property owner and/or slip renter of the City of Oceanside or representatives as appropriate to their category.

Please be advised that the advisory group for which you are applying may require filing a Statement of Economic Interest if you are appointed, and that background checks are completed by the Oceanside Police Department on <u>all</u> applicants. All applications are kept in an active file in the City Clerk's Office for a period of one (1) year and are submitted to the City Council when vacancies arise, unless a written request is received from the applicant to withdraw their application.

APPLICANT'S NAME: _				
	(Please print –	no nicknames)		
HOME ADDRESS:				
TOWE REPRESE.	(Street address)		_
	(City)	(Zip Code)	(Phone Number)	
E-MAIL ADDRESS:				
CURRENT EMPLOYER:				
	(Company N	ame)		
	(Company ad	dress)		
	(City)	(Zip)	(Phone Number)	
POSITION TITLE:				
DRIVER'S LICENSE NUI	MBER:			
(Or Date of Birth if no dr		(State)	(Number)	
I have been an Oceanside re	esident for	years.		
Please check the categor	orv that applies	to vou:		
Liveaboard permit holde			at owner with slip permit	
Oceanside Yacht Club re		Commercial fishing permit holder		
Non-boat owner resident		Chamber of Commerce rep.		
Community-at-large		Beach front property owner		

What are your main areas of interest in Oceanside City go	overnment?
What relevant experience or education can you bring to	this advisory group?
What community organizations and associations do you	
Are you serving or have you served on any Oceanside service)	advisory groups (Please indicate dates of
Are you related to, employed by, or affiliated in any way group?	with any current member of this advisory
Meetings times are established by a majority of each admeetings, Monday-Friday). Are there any days and/or ti	dvisory group (day and/or evening
What additional comments do you have to assist in eva to an advisory group?	
It is the policy of the City of Oceanside that no qualified dis participate as a member of any advisory commission. accommodate individuals as needed. PLEASE RETURN COMPLETED APPLICATIONS TO:	abled person will be denied the opportunity to
Although <u>not</u> required, you may attach to this applicatio considered for appointment (i.e., resumes, letters of rec	•
Applicant's Signature Thank you for your willingness to serve your community.	Date Submitted The City appreciates your commitment.
OFFICIAL USE ON OPD Background Check Commer	NLY