



ADVISORY GROUP NAME:

**MANUFACTURED HOME FAIR
PRACTICES COMMISSION**

CITY OF OCEANSIDE

Application for ADVISORY GROUP

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.

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 all 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: _____
(Street address)

(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: _____

CURRENT EMPLOYER: _____
(Company Name)

(Company address)

(City) (Zip) (Phone Number)

POSITION TITLE: _____

DRIVER'S LICENSE NUMBER: _____
(Or Date of Birth if no drivers license) (State) (Number)

QUALIFICATIONS FOR MEMBERSHIP: Appointees to the Manufactured Home Fair Practices Commission must be residents of Oceanside and registered voters and must NOT be: A manufactured home owner or resident; nor an owner, operator or manager of a manufactured home park; nor own or possess any interest in any manufactured home park or own or possess any interest in, or operate, or manage any other rental property totaling four (4) or more units; nor be employed in the field or otherwise derive one's livelihood from real property development.

I hereby declare that I meet the qualifications as listed above:

Signature: _____ Date: _____

What are your main areas of interest in Oceanside City government? _____

What relevant experience or education can you bring to this advisory group? _____

What community organizations and associations do you belong to? _____

Are you serving or have you served on any Oceanside advisory groups (Please indicate dates of service) _____

Are you related to, employed by, or affiliated in any way with any current member of this advisory group? _____

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings? _____

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group? _____

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of any advisory commission. Appropriate arrangements will be made to accommodate individuals as needed.

PLEASE RETURN COMPLETED APPLICATIONS TO :

City Clerk Department
300 North Coast Highway
Oceanside, CA 92054
Phone: (760) 435-3000

Although not required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation).

Applicant's Signature

Date Submitted

Thank you for your willingness to serve your community. The City appreciates your commitment.

OFFICIAL USE ONLY

OPD Background Check

Comments _____