



CITY OF SAN CLEMENTE

COASTAL ADVISORY COMMITTEE APPLICATION

1. Name: _____

2. How long have you lived in San Clemente?

3. What is your occupation?

4. Please explain why you would like to serve on the Coastal Advisory Committee.

5. Please explain how your background and experience would contribute to the Coastal Advisory Committee.

6. What is your educational background?

High School/Colleges Attended	Major Field of Study	Degree?

CONFIDENTIAL

The following information will only be used by Staff unless you authorize it to be released to the public.

Applying for:

Name:

Address:

Zip:

Public Information

Do Not Release

Home Phone:

Public Information

Do Not Release

Cell Phone:

Public Information

Do Not Release

Work Phone:

Public Information

Do Not Release

E-mail Address:

Public Information

Do Not Release

THANK YOU for your willingness to serve your community through membership on the Coastal Advisory Committee. Please print your application, sign, and mail or deliver your application to the San Clemente City Clerk at the below address:

City Clerk
City of San Clemente
910 Calle Negocio
San Clemente, CA 92673

If you have any questions, please feel free to contact **Laura Campagnolo**, City Clerk at 949-361-8200.

Signature

Date