

City of Rocklin Board, Commission, and Committee INCUMBENT Application Request for Reappointment Consideration

* Only incumbents seeking reappointment to the same board/commission/committee may use this form.

Applicant Name:	Last	First		M.I.
Current Residence: _	Street	City	State	Zip
Email Address: _				
Preferred Contact Ph	none Number(s):			
1. Are you currently	a registered voter in Rocklin? O <u>Yes</u> O <u>No</u>			
Please accept my rec	quest to be reappointed to:			
Length served on cu	rrent board/commission/committee?			
Have you served previously on other City boards/commissions/committees?				
If yes, which:				

New information about my qualifications that I would like Council to know:

Additional Information:

IMPORTANT NOTICES – READ BEFORE SIGNING:

All information provided on this request for reappointment becomes a public record after it is officially filed. This document may be published to the City website with the interview materials. Personal contact information will be redacted.

Applicants re-appointed to the **Board of Appeals, Community Recognition Commission, Investment Advisory Committee, Parks, Recreation & Arts Committee, and Planning Commission** will continue to be required to electronically file the Fair Political Practices Commission (FPPC) Statement of Economic Interests (Form 700), which is a public record. A copy of this form is available in the City Clerk's Office or by visiting <u>www.fppc.ca.qov</u>

Pursuant to the Americans with Disabilities Act (ADA), the City of Rocklin will make reasonable efforts to accommodate persons with qualified disabilities during the boards and commission interview process. Should you require special accommodations, please contact the City Clerk's Office at 916.625.5560 at least five days in advance of you scheduled interview.

I certify under penalty of perjury that all statements I have made on this request for reappointment are true and correct. I hereby authorize the City of Rocklin to investigate the accuracy of this information from any person or organization, and I release the City of Rocklin and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this request for reappointment or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

Signature of Applican	ure of Applicar	nt
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Date _____

By checking this box, I acknowledge application of my electronic signature.

Please return to: City Clerk's Office, 3970 Rocklin Road, Rocklin, CA 95677 or email to <u>CityClerk@rocklin.ca.us</u>

APPLICATION DEADLINE is Friday, May 13th, 2022 at 5:00pm.