



APPLICATION FOR APPOINTMENT TO YREKA CITY COUNCIL

NAME: _____ Phone Number _____

Physical Address _____, Yreka, California

Mailing Address: _____, Yreka, California 96097

Length of residence in Yreka: _____

What is your particular background, interest and/or experience that would contribute to this Council.

Multiple horizontal lines for writing the response to the question above.

Please attach additional pages if necessary.

I am a registered voter in the City of Yreka.

Signature _____ Date _____

Please return application to Liz Casson, Yreka City Clerk, 701 Fourth Street, Yreka, Ca. 96097, no later than 5 pm April 5, 2017.