



Please sign and return completed form to:

City Clerk's Office
 130 South Main Street
 Lake Elsinore, CA. 92530

For Official Use Only			
Date Due:		Date Received:	
Interview Date:		Interview Time:	
Appointed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Appointed:	
Term:			

COMMISSION APPLICATION

Commission Applying For: **Planning** **Public Safety Advisory**

The City of Lake Elsinore Planning/PSA Commissions consist of five members each who shall not be officials or employees of the City and shall legally reside within Lake Elsinore City limits or be the owner of a business that is established and currently licensed inside Lake Elsinore City limits (LEMC Section 2.24.020). Members are appointed to four year terms by the City Council.

Instructions: Please answer each question as completely as possible. This application will be maintained for a period of one year. After one year, it is necessary to file a new application for another year of eligibility. Please be advised that this application is subject to the Public Records Act. *(Please type or print using black or blue ink)*

Your commitment to our City and your willingness to serve your fellow citizens is greatly appreciated.

APPLICATION INFORMATION **City Resident** **Business Owner**
(Please indicate which applies)

Name:	Ms. Mrs. Mr. <i>(Please circle that which applies)</i>	First:	MI:	Last:
Residence Street Address:				
City:			State:	Zip Code:
Mailing Address:				
City:			State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:	Email:	
Length of Residency in Lake Elsinore:		Length of Residency in California:		
Are you a citizen of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, country of citizenship:		
Are you a registered voter: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, county where you are registered:		
Employer:		Business Phone:		
Employer Street Address:			Occupation Title:	
City:			State:	Zip Code:
BUSINESS INFORMATION <i>(If applicable)</i>				
Business Name:		Business Phone:		
Business Street Address:				
City of Lake Elsinore Business License Number:			Expiration Date:	
Date Business Established and Type of Business:				

DO YOU HAVE ECONOMIC INTERESTS SUCH AS INCOME, INVESTMENTS, REAL OR PERSONAL PROPERTY OR OUTSTANDING LOANS WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? Yes No (If yes please list)

ARE YOU CURRENTLY ENGAGED IN, OR PLAN TO ENTER INTO, EMPLOYMENT, BUSINESS ACTIVITY OR ENTERPRISE WHICH IS RELATED TO YOUR POTENTIAL DUTIES AS A MEMBER OF THIS CITY, COMMISSION OR WHICH MAY BE SUBJECT TO REVIEW OR APPROVAL BY SUCH COMMISSION? Yes No IF YES, DESCRIBE THE NATURE OF THE BUSINESS OR ACTIVITY AND EMPLOYER (if applicable)

ARE YOU CURRENTLY AN OFFICER OR MEMBER OF A POLICY-MAKING BOARD OF A NONPROFIT ORGANIZATION WHICH RECEIVES FUNDING BY THE CITY OF LAKE ELSINORE? Yes No IF YES, LIST THE ORGANIZATION(S)

HAVE YOU EVER BEEN CONVICTED OF VIOLATING ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE, EXCLUDING MINOR TRAFFIC VIOLATIONS? Yes No IF YES, EXPLAIN

ARE YOU CURRENTLY UNDER FEDERAL, STATE OR LOCAL INVESTIGATION FOR POSSIBLE VIOLATION OF A CRIMINAL LAW OR ORDINANCE? Yes No IF YES, EXPLAIN

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS COMMISSION

Please note: Appointees will be required to take an Oath of Office and complete and file Statements of Economic Interests if appointed to a position specified in the City's Conflict of Interest Code. Also, appointees are not considered to be City employees for purposes of benefits, such as workers compensation, health insurance, etc.

Again, thank you. Your assistance is appreciated.

Applicant's Declaration and Signature

I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.

Signature

Date