



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

Return completed application to:
City of Lake Elsinore
City Clerk's Department
130 S. Main Street, Lake Elsinore, CA 92530
 (951) 674-3124, Ext. 269

Commission Applied For:	
<input type="checkbox"/> Planning	<input type="checkbox"/> Public Safety Advisory

COMMISSION APPLICATION

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

Instructions: Please answer each question completely. 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 the City Clerk's Department uses Voter Registration information for verification of residency. **Note:** This application is subject to the Public Records Act and may be released to the public.

Applicant Information	City Resident ()	Business Owner ()
Last Name	MI	First Name
Home Address		
City, State, Zip		
Best Phone Number to reach you	Email	
Length of Residency in Lake Elsinore	Length in California	
Business Information – Please complete the following if applicable.		
Business Name & Type		
Business Address		
City of Lake Elsinore Business License Number	Expiration Date	
Business Phone	Date Business Established	
Education/Information		
Please List School Attended		Units Completed
Name	City & State	
Name	City & State	
Degrees or Certificates Attained		
Do you have Economic Interests such as Income, Investments, Real or Personal Property or Outstanding Loans which might present a potential conflict of interest? If yes, please explain.		

Work Experience (Beginning with current or last position)			
Employer	Address	From	To
1			
Position Held and Duties Performed:			
2			
Position Held and Duties Performed:			
3			
References (Local residents who are qualified to comment on your capabilities)			
Name	Address	Phone	
Please Describe Community Service Participation (if any) (You may attach a separate sheet for additional information)			
Are you an officer or member of a policy-making board of a non-profit organization which receives funding from the City of Lake Elsinore? If yes, please list all organizations.			
Have you ever been convicted of violating any Federal, State, County or Municipal law, regulation or Ordinance, excluding minor traffic violations? If yes, please explain.			
Reasons For Interest in Serving on Commission (You may attach a separate sheet for additional information)			

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

Applicant's Declaration and Signature

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

 Applicant's Signature

 Date