

**APPLICATION FOR APPOINTMENT
TRANSIT CITIZENS ADVISORY COMMITTEE
WESTERN NEVADA COUNTY**

NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

RESIDENCE TELEPHONE: _____ WORK TELEPHONE: _____

FAX NUMBER: _____ E-MAIL: _____

OCCUPATION: _____

BRIEFLY DISCUSS YOUR PARTICULAR INTEREST IN TRANSIT AND/OR PARATRANSIT SERVICE IN WESTERN NEVADA COUNTY, AND WHY YOU WOULD LIKE TO SERVE ON THIS COMMITTEE: _____

DESCRIBE ANY EXPERIENCE YOU HAVE THAT YOU FEEL IS RELEVANT TO THE ACTIVITIES OF THE ADVISORY COMMITTEE: _____

REFERENCES: _____

DATE: _____ SIGNATURE: _____

NOTE: Because of provisions of state law, appointments to advisory committees must be considered by the Transit Services Commission in an open meeting. Therefore, any information you submit on this application will become a matter of public record.