CITY OF COACHELLA
UTILITY USERS TAX
CITIZENS OVERSIGHT COMMITTEE

NAME: ___________________________ ___________________________ ___________________________ ___________________________

ADDRESS: ___________________________ ___________________________ ___________________________ ___________________________

TELEPHONE: ___________________________ ___________________________ ___________________________ ___________________________

TO BE ELIGIBLE FOR APPOINTMENT TO THE COMMISSION you must be a RESIDENT of the CITY OF COACHELLA. PLEASE fill out one or more of the lines below and the appropriate information:

RESIDENT OF COACHELLA: ___________ YEARS

WORK IN COACHELLA: ___________ YEARS

OWN A BUSINESS IN COACHELLA: ___________ YEARS

NAME OF EMPLOYER/BUSINESS: ___________________________ ___________________________ ___________________________ ___________________________

ADDRESS OF EMPLOYER/BUSINESS: ___________________________ ___________________________ ___________________________ ___________________________

TELEPHONE OF EMPLOYER/BUSINESS: ___________________________ ___________________________ ___________________________ ___________________________

PLEASE FURNISH BRIEF RESPONSES TO THE QUESTIONS BELOW:

1. Why do you think you should be appointed?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2. What special qualities can you bring to the Commission? What is there in your background, training, education and interests that qualify you as a candidate?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Do you have any questions or comments about the UUT or the Advisory Commission and its structure or functions?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Any other comments and/or ideas as to how you as a member of the Utility Users Tax Advisory Commission could benefit and improve the quality of life in the City of Coachella.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Date ___________________________ Signature ___________________________

PLEASE MAIL OR RETURN IN PERSON THIS COMPLETED APPLICATION TO:

City Clerk, City of Coachella
1515 Sixth Street, Coachella, CA 92236