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:

Andrea Carranza, Deputy City Clerk
City of Coachella
1515 Sixth Street, Coachella, CA 92236