



# CITY OF RANCHO SANTA MARGARITA PLANNING COMMISSION APPLICATION

(Please type or print in ink.)

Name: \_\_\_\_\_

Contact Phone Number: (    ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years in Rancho Santa Margarita: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Educational Background/Degrees: \_\_\_\_\_

Licenses or Special Certificates held: \_\_\_\_\_

List any Orange County or other community board of directors, commissions or councils on which you currently serve or have served, and year(s) of service:

Organizations to which you belong (professional, technical, community, service): \_\_\_\_\_

Briefly state why you wish to serve as a Planning Commissioner and why you believe you are qualified for the position. Be specific. (Use additional paper if necessary).

References:

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_

**I understand that any or all information on this form may be verified. I consent to the release of this information for publicity purposes.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return to: City of Rancho Santa Margarita  
22112 El Paseo, Rancho Santa Margarita, CA 92688 (949) 635-1800**