

Carmel Area Wastewater District

CANDIDATE FOR APPOINTMENT TO BOARD OF DIRECTORS

NAME: Las	t	First	Middle		
HOME ADDRESS	S: City	Zip	Birth Place:		
MAILING ADDRE	CSS: City	Zip	Home Phone:		
			(831)		
EMPLOYER:			Business Phone:		
			()		
ADDRESS:	City	Zip	Fax#: ()		
LENGTH OF RESIDENCY IN CARMEL AREA WASTEWATER DISTRICT:YEARS			REGISTERED VOTER IN CARMEL AREA WASTEWATER DISTRICT		
LENGTH OF RESIDENCY IN MONTEREY COUNTY:					
	YEA	ARS	YES	NO	
HOW MANY HOURS CAN YOU DEVOTE TO THE BOARD PER MONTH? HOURS PER					
MONTH					
(Please include years of period of membership or service below. If additional space is needed, please feel free to attach additional pages to application.) EDUCATION:					
OCCUPATIONAL EXPERIENCE:					
PROFESSIONAL	OR TECHNICAL ORG	GANIZATION ME	EMBERSHIPS:		
PROFESSIONAL OR TECHNICAL ORGANIZATION MEMBERSHIPS:					
CIVIC OR COMM	IUNITY EXPERIENC	E, MEMBERSHIP	S, OR PREVIOUS SERV	VICE .	
APPOINTMENTS:					
EXPERIENCE OR SPECIAL KNOWLEDGE APPLICABLE TO THE DISTRICT'S AND/OR THE					
BOARD'S RESPON	NSIBILITIES:				
I certify the inform	ation included in the for	regoing and any atte	achments is true and correc	t	
and the state of a state of the					
	Signature			Date	
Attachment(s):	Resume or biograp	nal)			
- 2000-2010(5)	Statement of Candi)			

CARMEL AREA WASTEWATER DISTRICT STATEMENT OF CANDIDATE FOR APPOINTMENT TO BOARD OF DIRECTORS

CANDIDATE NAME:	
What do you think are the challenges facing the Carmel Area Wastew length. Please attach additional pages as needed.	ater District. The statement may be any
	_
	_
Signature	Date