



**Please Return To:**  
Monica Cisneros, Deputy City Clerk  
1416 C Street  
Livingston CA 95334  
(209) 394-5544  
[mcisneros@livingstoncity.com](mailto:mcisneros@livingstoncity.com)

**FILING DEADLINE: Thursday, December 22, 2022 at 5:00 PM.**

**CITIZEN APPLICATION FOR APPOINTMENT TO CITY COUNCIL**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CONTACT INFORMATION:

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Method of Contact Preferred: \_\_\_\_\_

LENGTH OF RESIDENCE

at above address: \_\_\_\_\_ in Livingston \_\_\_\_\_ in County: \_\_\_\_\_

OCCUPATION:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Street

City

Zip

EMPLOYMENT HIGHLIGHTS:

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(Attach additional pages as necessary.)

EDUCATION (highest school year, degrees, etc.)

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LIST PAST OR PRESENT MEMBERSHIP ON THE LIVINGSTON CITY COUNCIL, ANY COUNCIL APPOINTED COMMITTEE OR COMMISSION, AND/OR ANY OTHER PUBLIC AGENCY, INCLUDING THE TIME PERIODS OF MEMBERSHIP.

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PAST AND PRESENT COMMUNITY SERVICE:

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WHAT DO YOU FEEL ARE YOUR MOST IMPORTANT QUALIFICATIONS FOR APPOINTMENT TO THE CITY COUNCIL?

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(Attach additional pages as necessary.)

WHAT DO YOU HOPE TO ACCOMPLISH WHILE A PART OF THE CITY COUNCIL?

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WHAT PROBLEMS, ISSUES, OR CONCERNS DO YOU SEE FACING THE CITY OF LIVINGSTON AND HOW WOULD YOU PROPOSE THEY BE ADDRESSED?

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**Please list three (3) references with telephone numbers:**

1. 

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2. 

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3. 

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**PLEASE NOTE THAT THIS APPLICATION BECOMES PUBLIC INFORMATION**

I hereby certify that the information contained in this application and any accompanying documents is true and correct to the best of my knowledge.

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Signature of Applicant

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Date

You are invited to attach additional pages, enclose a copy of your resume or submit supplemental information which you feel may assist the City Council in its evaluation of your application.

(Attach additional pages as necessary.)