



CITY OF
ROLLING HILLS ESTATES
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**COMMISSION/COMMITTEE
APPLICATION**

(MUST BE A ROLLING HILLS ESTATES RESIDENT)

COMMISSION/COMMITTEE APPLIED FOR: _____ DATE: _____

NAME: _____ ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

SPOUSE NAME: _____

CHILDREN (IF ANY): _____ NAMES AND AGES: _____

HOW LONG HAVE YOU LIVED IN ROLLING HILLS ESTATES/PENINSULA AREA: _____

EDUCATION: _____

PRESENT OCCUPATION: _____

SPECIAL INTERESTS AND ACTIVITIES: _____

ADDITIONAL REMARKS: _____

NAME (Print)

SIGNATURE