

Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714

Seat # or Category (If application	able):	District:	
Name:			
		Zip:	
	ccupation:		
Work Phone:	Employer:		
Business Address:		Zip:	
Business E-Mail:	Home E-Mail:		
Check All That Apply:			
Registered voter in San F	Francisco: Yes \(\text{No} \) No \(\text{No} \) If No, where reg		
Registered voter in San F Resident of San Francisc Pursuant to Charter section represent the communities ethnicity, race, age, sex, se	Francisco: Yes No If No, where reg o Yes No If No, place of residence on 4.101 (a)1, please state how your qualifies of interest, neighborhoods, and the dive exual orientation, gender identity, types of mographic qualities of the City and County	:ications rsity in f disabilities,	
Registered voter in San F Resident of San Francisc Pursuant to Charter section represent the communities ethnicity, race, age, sex, seand any other relevant den	on 4.101 (a)1, please state how your qualifications of interest, neighborhoods, and the diversual orientation, gender identity, types of	:ications rsity in f disabilities,	
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Business and/or professional experience:				
Civic Activities:				
Have you attended any r	meetings of the Board/Commis	sion to which you wish appointment?	Yes No	
	any appointment can be n	s, appearance before the RULES nade. (Applications must be received		
		4		
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Date:	Applicant's Signature	(Manually sign or type of NOTE: By typing your conhereby consenting to use of	nplete name, you are	
	application will be retained achments, become public	for one year. Once Completed, t record.	his form, including	
FOR OFFICE LIGE ON	V.			
FOR OFFICE USE ONL Appointed to Seat #:	Term Expires:	Date Seat was Vacated:		