Member, Board of Supervisors District 4



City and County of San Francisco

## GORDON MAR 馬兆明

## MEMORANDUM

	TO:	Victor Young, Rules Committee Clerk		
	FROM:	Edward Wright, Legislative Aide to Supervisor Mar		
	DATE:	July 14th 2021		
	SUBJECT:	Appointment by Supervisor Mar - Bicycle Advisory Committee		
	Please be advised that Supervisor Mar has selected Maelig G. Morvan, Ph be appointed to the Bicycle Advisory Committee.			
	This appointment will fill seat 4.			
	Maelig Morvan's address is:			
	Attachment: Application			
	For Clerk's office use only:			
ī	Seat #:	Term expiration date: Seat Vacated:		



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

## Application for Boards, Commissions, Committees, & Task Forces

Seat # or Category (If application	able): District:
Name:	
	Zip: _
	cupation:
Work Phone:	Employer:
Business Address:	Zip:
	Home E-Mail:
Check All That Apply:	
Registered voter in San F	rancisco: Yes  No  If No, where registered:
Registered voter in San F Resident of San Francisc  Pursuant to Charter sectio represent the communities ethnicity, race, age, sex, se	
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	Yes No If No, place of residence:  1 4.101 (a)1, please state how your qualifications of interest, neighborhoods, and the diversity in exual orientation, gender identity, types of 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	Yes No If No, place of residence:  1 4.101 (a)1, please state how your qualifications of interest, neighborhoods, and the diversity in exual orientation, gender identity, types of disabilities,

Business and/or professional experience:	
Civic Activities:	
Have you attended any meetings of the Board/Commission to which yo	ou wish appointment? Yes \_No \_
For appointments by the Board of Supervisors, appearance requirement before any appointment can be made. (Applic	
before the scheduled hearing.)	aliens must be received to days
Date:Applicant's Signature: (required)	
	(Manually sign or type your complete name. NOTE: By typing your complete name, you are
	hereby consenting to use of electronic signature.)
Please Note: Your application will be retained for one year	. Once Completed, this form, including
all attachments, become public record.	
FOR OFFICE USE ONLY:	
	e Seat was Vacated: