

APPLICATION FOR CITY OF SALIDA COMMITTEES, BOARDS, AND COMMISSIONS

DATE			
NAME			
ADDRESS			
CITY	STA	ГЕ	ZIP
TELEPHONE # (home)	(work)		
(cell)			
FAX #	_ E-MAIL _		
APPLYING FOR:			
☐ Board of Adjustment		Salida/Cha	ffee County Airport Board
☐ Board of Appeals			Commission
Historic Preservation Commission		Tree Board	
□ Planning Commission□ PROST			ity Committee
this position. (Attach resume or extra	sheets if ne	cessary)	
BACKGROUND AND/OR EXPERIEN	NCE (Busine	ess and/or Pe	ersonal):

PERSONAL AND JOB RELATED INTERESTS:				
EASONS FOR APPLYING:				

Thank you for applying, Salida City Council

Please return the completed application to:

City of Salida 448 E. 1st Street, Suite 112 Salida, CO 81201 or email to: Clerk@cityofsalida.com