

## **LOS ANGELES WEST VECTOR ABATEMENT CONTROL DISTRICT**

MEETING SCHEDULE/PLACE: 2<sup>ND</sup> THURSDAY OF EVERY MONTH – 7:30PM  
District Office Headquarters  
6750 Centinela Ave., Culver City

The City of West Hollywood is entitled to send a delegate to the Los Angeles West Vector Abatement Control District. The Control District is charged with taking all necessary or proper steps for the extermination of mosquitoes in the District; to abate as nuisances all stagnant pools of water and other breeding places for mosquitoes.

Five members are appointed by the L.A. County Board of Supervisors and seven members are appointed by local City Councils. The West Hollywood City Council may make an appointment of one of its members, or any resident of the community. A representative may be appointed for a term of two (2) years or four (4) years. The California Health and Safety Codes restrict the first time appointment of a Trustee to a two (2) year term. Once appointed, the representative cannot be removed from the Board by the City Council during his or her term. If the representative is a Council Member and that Council Member is not re-elected to the Council, he or she would remain on the Vector Board until the end of the term. Replacement during the term is permitted only in the event of the death, resignation or incapacity of the Trustee

The L.A. County West Vector Abatement Control Board of Trustees are held the second Thursday of every month at 7:30pm in the District Office headquarters, 6750 Centinela Avenue, Culver City. Meetings last approximately 1-2 hours. Members are compensated \$50.00 per meeting.



# LOS ANGELES WEST VECTOR ABATEMENT CONTROL DISTRICT - APPLICATION

NAME \_\_\_\_\_



YES, I AM A RESIDENT OF THE CITY OF WEST HOLLYWOOD. (APPLICANTS MUST BE A RESIDENT TO BE QUALIFIED TO SERVE AS THE WEST HOLLYWOOD DELEGATE)

HOME PHONE \_\_\_\_\_

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

E-MAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

OCCUPATION/PROFESSION \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_

## INVOLVEMENT

WHY DO YOU WISH TO BECOME A DELEGATE TO THE VECTOR ABATEMENT CONTROL DISTRICT? \_\_\_\_\_

EMPLOYMENT, PAST ACTIVITIES AND OTHER EXPERIENCES THAT YOU FEEL WOULD QUALIFY YOU AS A DELEGATE TO THE VECTOR ABATEMENT CONTROL DISTRICT *(IF YOU HAVE A PRINTED RESUME, YOU MAY ATTACH IT)*

COMMUNITY PARTICIPATION & SERVICE \_\_\_\_\_

CONTINUED →

PRESENT CIVIL, FRATERNAL OR PROFESSIONAL MEMBERSHIPS AND OBLIGATIONS

DO YOU HAVE ANY CURRENT OBLIGATIONS AND RESPONSIBILITIES THAT COULD BE CONSTRUED AS A CONFLICT OF INTEREST? IF SO, WHAT ARE THEY?

HOW LONG HAVE YOU LIVED IN WEST HOLLYWOOD? \_\_\_\_\_

**EDUCATION**

SCHOOLS/COLLEGE(S) \_\_\_\_\_

DEGREES/TITLES \_\_\_\_\_

**REFERENCES**

LOCAL (Optional) \_\_\_\_\_

PROFESSIONAL \_\_\_\_\_

OTHER \_\_\_\_\_

ADDITIONAL INFORMATION/COMMENTS \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Additional sheets may be added if needed.)

**THIS APPLICATION SHALL BE PLACED ON FILE FOR A PERIOD OF ONE (1) YEAR FROM DATE OF RECEIPT. APPLICANTS ARE RESPONSIBLE FOR RENEWAL THEREAFTER.**

**PLEASE NOTE: INFORMATION PROVIDED BY APPLICANT IS PUBLIC RECORD.**

ARE YOU A REGISTERED VOTER? IF NOT, WOULD YOU LIKE TO RECEIVE A VOTER REGISTRATION FORM? Yes \_\_\_\_\_ No \_\_\_\_\_

**RETURN COMPLETED FORM TO:  
OFFICE OF THE CITY CLERK  
8300 SANTA MONICA BOULEVARD  
WEST HOLLYWOOD, CA 90069-4314**