



# CITY OF WEST HOLLYWOOD COMMISSION APPLICATION

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

NAME OF COMMISSION \_\_\_\_\_

NAME \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

I live in West Hollywood

I own property in West Hollywood

I work in West Hollywood

I have other significant interest in West Hollywood (*please explain*) \_\_\_\_\_

**PLEASE NOTE: *West Hollywood Residency is required to serve on the Planning Commission, Public Safety Commission, and the Rent Stabilization Commission.***

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 COMMISSION MEMBER? \_\_\_\_\_

EMPLOYMENT, PAST ACTIVITIES AND OTHER EXPERIENCES THAT YOU FEEL WOULD QUALIFY YOU AS A COMMISSION MEMBER (*IF YOU HAVE A PRINTED RESUME, YOU MAY ATTACH IT*)

CONTINUED →

NAME OF APPLICANT \_\_\_\_\_

COMMUNITY PARTICIPATION & SERVICE \_\_\_\_\_  
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.**

**IF YOU NEED TO REGISTER OR RE-REGISTER TO VOTE, CHECK THE BOX AND THE CITY  
CLERK'S OFFICE WILL PROVIDE YOU WITH A VOTER REGISTRATION FORM**

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