



CITY OF SAN RAMON

Application to serve on the

TRANSPORTATION ADVISORY COMMITTEE

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-
1. Name: _____
 2. Address: _____
 3. Telephone: Home: _____ Business: _____ Email: _____
 4. Occupation: _____
 5. Education: _____
 6. Are you able to attend night meetings? Yes: _____ No: _____
 7. Job or community experience: _____

8. What is your knowledge or experience in transportation related issues?

9. What do you feel is the most important contribution you can make as a member of the committee?

10. Any other information or comment?

Signature: _____ Date: _____

RETURN APPLICATION TO:
CITY CLERK - CITY OF SAN RAMON - 7000 BOLLINGER CANYON RD - SAN RAMON, CA 94583
PHONE: (925) 973-2539 FAX: (925) 275-0650 EMAIL: CITYCLERK@SANRAMON.CA.GOV
