

## **Appointed Director Application**

	Applicant Info	rmation		
Full Name:				
۸ ما ما مورد .	Last First			
Address:	Street Address			Apartment/Unit #
	City		State	ZIP Code
	Public Agency E	xperience		
Have you w	vorked for a public agency?		□ Yes	□ No
If y	res, where and in what capacity:			
Have you se	erved as an elected/appointed Board Member for a p	ublic agency?	□ Yes	□ No
If yes, where:				
How long have you been a Diablo Water District Customer?				
How many Diablo Water District Meetings have you attended in the past 12 months?				
	Community Inve	olvement		
	at least three local community involvement project ithin the past twelve months.	s, associations o	r volunteer	activities you have been
One:			Date	e:
Two:			Date	e:
Three:			Date	e:
	Community S	upport		
Please obta	ain <u>legible signatures</u> from at least six Diablo Wate	• •	ers that sup	pport you representing
1.		4.		
2		5.		
3		6.		
	Disclaimer and S	Signature		
I certify tha	at my answers are true and complete to the best of	my knowledge.		

Date: \_\_\_\_

Signature: \_