



MERCED COUNTY ASSOCIATION OF GOVERNMENTS
APPLICATION FOR APPOINTMENT TO
CITIZENS ADVISORY COMMITTEE

NAME: _____ DATE: _____

ADDRESS: _____
Street City Zip Code

PHONE: HOME _____ BUSINESS _____ FAX _____

EMAIL: _____

OCCUPATION: Please check below.

- Chamber of
- Education
- Small Business
- Citizen At-Large (5)
- Farming /
- Student
- Civil Engineering
- Financial
- Water/Irrigation
- Construction
- Goods Movement
- Other
- Economic
- Real Estate

Please describe a transportation issue that is of concern.

Please provide any additional information you believe will be helpful during the reviewing process.

Signature: