

District 7 Implementation Committee Application

Contact Info

Name _____

Address _____

Phone _____

Email _____

D.O.B. _____

Please write a few sentences about what you feel the goals of the District 7 Implementation Committee should be.

Please write a few sentences about why you feel you would be a good committee member.

Please return this form along with any resume or other relevant information you would like to include to;

Mail
Councilmember Perea
City Hall
2600 Fresno Street
Fresno, CA 93721

Fax
559-498-2541

Email
Fae.Giffen@fresno.gov