



## CITY OF ANGELS

# APPLICATION FOR APPOINTMENT

*Note: Your application will be copied for the City Council and made available to the press and public.*

Name: Michael R Ziehlke

Date of Birth: [REDACTED]

Home Address: [REDACTED]

Mailing Address: [REDACTED]

Occupation: Retired

Business Address: [REDACTED]

Telephone: Home [REDACTED] Cell [REDACTED] Business [REDACTED]

E-mail: [REDACTED]

Please indicate if above addresses, email and telephone number can be made available to the public upon request: ☒ Yes ☐ No

Resident of Angels Camp? ☒ Yes ☐ No

If yes, how long have you lived in Angels Camp? 61 years

Occupations (within last 5 years): Maintenance specialist III East bay MUD 20 years

Business interests in last 12 months: [REDACTED]

Previous Committee/Commission/Board Experience:

Director AMA YOUTH SPORTS

Calaveras cancer support tournament director

Education/Experience: *A resume may be attached containing this and any other information that would be helpful in evaluating your application.*

Mark Twain elementary

Bret Harte High School

Several training courses with EBMUD STORM WATER AND ENVIRONMENTAL

**Professional and/or Community Service Activities:**

Coach youth sports for 35 years, several charities and fund raising events

Run the cancer coed tournament for the past 25 years

**Local Government Related Experience:**

I follow current and past events in the community and attend local meetings when

Possible I read the minutes and watch online

**Please explain your reasons for wishing to serve on the City Council and how you feel that you may contribute:**

I've been involved in this community for my entire life and have considered this for a long time now I'm retired and I have the time to do this and dedicate the necessary time

**In your opinion, what are the top three (3) issues facing Angels Camp?**

Growth

Traffic

Public services

**Names, addresses, and phone numbers of three (3) individuals familiar with your background:**

Jon Kitchell

Gary Hegel

Mike Nash

***Appointment to this position requires you to file a Conflict-of-Interest Disclosure Statement (Form 700), which is of public record.***

  
Signature of Applicant

7-22-25  
Date

***If you have any questions regarding the appointment procedure, please telephone the City Administrator at (209) 736-2185.***

**Please return the completed application before or by the due date to:**

City of Angels Camp  
Attn. City Administrator  
584 S. Main Street  
Angels Camp, CA 95222