CITY OF COLUSA

425 Webster Street, Colusa, CA 95932

Phone: 530-458-4740 Fax: 530-458-8674

www.cityofcolusa.com

APPLICATION FOR COMMISSION VACANCY

| Name: | CHRISTIA | Cowsers | | | | | |
|--|--|---|---|---|--------------------------|-----------------------------------|--|
| Address | s: | STREAT | COLUSA C | CA 95932 | | | |
| | Resident of Co | unty Reside | ent of City | Resident of | Colusa Uni | fied School D | istrict |
| Phone: | 925- | | | Email:_ | | l. | yahoo com |
| | I am | interested in t | | _ | | | 3 |
| shall no residing | ning Commiss 3) members mu t be officers or g within two m nd shall not be | employees of the bour | the City. Two ndaries of the | o (2) members City at the tin | s may be res | sidents of Col | s/her term, and usa County, ring his/her |
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| Applica | | sident of the C | City or a reside | ent of Colusa (| | | vo miles of the or an employee |
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| 4. Do. | NATE TIME T | o HELP CITY | ACHIEUE | GOMS N/ | ENEAR 1 | PLAN : CO | MMITTEL |
| DUTI | es . | | | · | R | ECE | American Control |
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I have read and understand the responsibilities of the Commission as set forth in the Colusa City Code and agree to work to carry out these responsibilities. I further understand that I serve at the pleasure of the Colusa City Council and can be removed from this position, with or without cause, at any time.

I, the undersigned, state that fulfill the residency requirements listed above, and that I wish to have my name considered for appointment to the commission indicated above.

Applicant Signature