

**Name** Michael W Delaney

**Address** [REDACTED]

**Do you live in the City of Escondido Limits?** Yes

**Do you live in the General Plan Area?** Yes

**Home Phone** [REDACTED]

**Email Address** [REDACTED]

**Length of time you lived in the area** 13

**Employer** BevMo!

**Occupation** Bevmologist

**Business Address** [REDACTED]

**Business Phone** [REDACTED]

**Board of Commission for which you are applying?** Planning Commission

**If you have filed additional applications for other boards or commissions, please list them in order of preference** Building and Advisory Appeals

**If you are an incumbent, how long have you served in your current position** N/A

**Have you ever been a member of any City board or Commission, or employed by the City of Escondido**  
Historic Preservation Commission

**If so what capacity?** Member

**Are any persons now employed by the City of Escondido related to you by blood or by marriage?** No

**If so, list name and relationship?** N/A

**Personal References (Name/Address/Business Address/Occupation)** Michael Delaney Sr. [REDACTED]  
[REDACTED] Neurologist

**Community Involvement: List present membership in any community service or civic organizations, if any?** N/A