

**CITY OF REDLANDS
MEASURE T OVERSIGHT COMMITTEE APPLICATION FORM**

(Please note that this form is a public record that may be subject to disclosure upon request.)

Name _____

Address _____

Telephone (Work) _____ (Cell / Home) _____

Email _____

Occupation _____

Council District _____ <https://www.cityofredlands.org/pod/election-district-maps>

Reasons for desiring to serve – relevant experience and qualifications:

Signature _____ **Date** _____

** If appointed, please be advised that all City commissioners and committee/board members must complete mandatory harassment prevention training consistent with the requirements of Assembly Bill No. 1825. (Resolution No. 7206 adopted July 26, 2012)*

Two References: (Please do not include Councilmembers or City Staff)

(1) _____ (2) _____

Telephone _____ Telephone _____

**Return Application to: Office of the City Council, C/O Office of the City Manager, Suite 200,
35 Cajon Street, PO Box 3005, Redlands, CA 92373,
OR by email to RedlandsOCM@cityofredlands.org**

You will be notified of appointments by the City Council. Your application will be retained for one year. Please note that this form is a public record that may be subject to disclosure upon request.