CITY OF BRISBANE COMPLETE STREETS SAFETY COMMITTEE APPLICATION

TO: HONORABLE MAYOR AND CITY COUNCIL

I am a resident of the City of Brisbane and am interested in being considered for appointment to the Complete Streets Safety Committee.

Name:	
Address:	
Home Phone:	Work Phone:
Cell Phone:	Email Address:
How long have you lived in Brisbane? _	
Occupation:	
Employer's Name:	
Present Position:	Length of Employment:
What community activities are you pres	ently involved in, or have been in the past?
Please list any other background inform be useful.	ation (business, education, personal) that might

Why do you wan	to be a member of the above Committee?
What do you feel	you could contribute to the Committee?
each month, begi	eets Safety Committee meetings will be held on the 1st Wednesday of ning at 6:30 p.m. How much time do you envision being able to give Committee? How often are you out of town? What other not cause conflicts in your attendance at Committee meetings?
Date:	Signature: