



**The Gonzales Quality of Life  
Temporary Transactions and Use Tax  
Oversight Committee**  
(Application for Appointment)  
*Open Filing Until Filled*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Occupation/Profession \_\_\_\_\_

How long have you lived in Gonzales \_\_\_\_\_

Or been in your primary place of business or employment? \_\_\_\_\_

Educational background (high school / college/ degree(s)) \_\_\_\_\_

Briefly describe your vision for the City of Gonzales? Or describe what you would like Gonzales to be like by the year 2025?

---

---

---

---

---

---

---

---

---

---

Briefly state why you want to serve on the Oversight Committee, and what you believe your qualifications are for this appointment?

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Comité de Supervisión  
Del Impuesto Temporal de Transacciones y Uso  
de Calidad de Vida en Gonzales**  
(Aplicación para Nombramiento)  
**Abierto hasta que esté lleno**

Fecha: \_\_\_\_\_

Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono Primario: \_\_\_\_\_ Teléfono Secundario: \_\_\_\_\_

Ocupación/Profesión \_\_\_\_\_

Cuanto tiempo ha vivido en Gonzales? \_\_\_\_\_

O ha estado en su lugar principal de negocio o empleo? \_\_\_\_\_

Historial Educativa (Secundaria/Universidad/Título(s)) \_\_\_\_\_

Describa brevemente su Visión para la Ciudad de Gonzales. O describa como le gustaría que Gonzales fuera para el año 2025.

---

---

---

---

---

---

---

---

---

---

Explique brevemente porque desea formar parte del Comité de Supervisión, y lo que usted cree que sus calificaciones son para este nombramiento.

---

---

---

---

---

---

---

---

---

---

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_