



**The Gonzales Quality of Life
Temporary Transactions and Use Tax
Oversight Committee & Measure X Sub-committee**
(Application for Appointment)
Open Filing Until Filled

PLEASE PRINT CLEARLY

Name: _____ Date of Birth: _____

Position Applied for: _____ Date of Application: _____

Address: _____
Street State Zip Code

Primary Phone: _____ Email: _____

Occupation: _____

How long have you lived in Gonzales?

EDUCATIONAL BACKGROUND

Institution	Degree / Certificate / Course	Year

Briefly describe your vision for the City of Gonzales, and explain how you would like Gonzales to be like in 10 years?

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

Signature

Date