



# City of Lynwood

## Commission and Board Member Application

(Must be Lynwood Resident)

Name:	
Address:	
Telephone Number:	Cell Phone Number:
E-mail Address:	
Applying for:	
<input type="checkbox"/> Community Development Block Grant	<input type="checkbox"/> Citizen Oversight Committee
<input type="checkbox"/> Public Safety/Traffic & Parking Commission	<input type="checkbox"/> Personnel Board
<input type="checkbox"/> Planning Commission	
What types of interests do you have that would enhance your service as an advisory committee member on the committee you are applying for?	
Based upon your interests, what do you feel you can contribute as a member on this committee?	
Signature:	Date:
<b>Application must be submitted to: The Office of the City Clerk at 11330 Bullis Road Lynwood, CA 90262 For questions please call (310) 603-0220 ext. 214 (310) 886-0449 Fax</b>	