## CITY OF NASSAU BAY APPLICATION – CITY BOARD, COMMISSION, OR COMMITTEE Please e-mail completed form to Marisela.garcia@nassaubay.com or fax to 281.333.2301

Date of Application:	This applicat	tion will be retained for one (1) year.
Name:		
Street Address:		
Daytime Telephone:	Evening Telephone	:
E-Mail Address:	Facsimile:	
Mailing Address:		
Occupation:	Employer:	
Appointed Position Desired (check all that app	oly):	
Board of Adjustment Plan	ning Commission	omic Development Corporation
<del>_</del>	cial Events Committee	1
Other:		_
	[con	tinue on back if additional space is required]
		(mark one)
Have you attended Nassau Bay 101?		Yes / No
Have you served on the Nassau Bay City Council?		☐Yes / No☐
Have you served on another City's Council or Commission?		☐Yes / No☐
Have you served on a Nassau Bay City Board, Commission, or Committee?		☐Yes / No☐
Have you served on another City's Board, Commission, or Committee?		☐Yes / No☐
Have you served on the board of a homeowner's association?		☐Yes / No☐
How long have you been a resident of Nassau Bay?		years
How long have you been a resident of Texas?		years
I understand that appointments are solely of candidate selection.  If appointed, I will accept the position an		

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