



Parcel Tax Citizens' Oversight Committee Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: (____) _____ E-mail Address: _____

Category (you may check all that apply):

- _____ active in a business organization representing the business community located within the school district
- _____ active in a school-connected organization
- _____ parent of an enrolled student(s)
- _____ member of the district's certificated staff
- _____ member of the district's classified support staff
- _____ member of the community at-large

Reasons for Serving & Qualifications

Please use no more than the space provided to give your reasons for serving and qualifications.

Disclaimer and Signature

Members of the Committee are expressly subject to the requirements and limitations of Government Code Section 1090, et seq. (which prohibits involvement in public agency contracts) and Government Code Section 1125, et seq. (which prohibits incompatible public offices).

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in my removal from the committee.

Signature _____ Date: _____
(digital): _____

Applications are due to the Superintendent's Secretary at mindy_mckee@crpusd.org
Final selection of the Parcel Tax Citizens' Oversight Committee will be made by the Board of Trustees