

The County of Yuba

Application for Citizens' Oversight Committee Appointed by the Board of Supervisors



Please print legibly in black or blue ink

Applicant Full Name: _____

Physical Address
(Street, City, Zip): _____

Mailing Address (if different)
(Street/P.O. Box, City, Zip): _____

Email: _____ Day Phone: _____

Employer: _____ Occupation: _____ Work Phone: _____

Retired (If retired please indicate your former employer and occupation above.)

County Supervisor/County District Number: _____

Reasons you wish to serve on Committee: _____

List past and current public positions held: _____

In compliance with Yuba County Ordinance Code 5.60.170, please mark your eligibility below.

- ✓ I am a resident of the unincorporated areas of Yuba County and understand that I will remain a resident of the unincorporated areas of Yuba County if appointed to the Committee. YES NO
- ✓ I am a resident of Yuba County of voting age. YES NO
- ✓ I am NOT a current County Employee, Official, Contractor or Vendor of Yuba County. YES NO

DO YOU HAVE ANY CRIMINAL CONVICTION THAT MAY BE CONSIDERED A CONFLICT OF INTEREST WITH THE CITIZEN'S OVERSIGHT COMMITTEE YOU WISH TO SERVE UPON? YES NO
IF YES, PLEASE EXPLAIN. NOTE THAT A FELONY CONVICTION SHALL PRECLUDE YOU FROM SERVICE.

I UNDERSTAND THAT IF APPOINTED TO THE CITIZENS' OVERSIGHT COMMITTEE AND IF WHAT MAY BE CONSIDERED A CONFLICT OF INTEREST ARISES, THAT I HAVE A DUTY TO GIVE WRITTEN NOTICE OF SUCH TO THE COUNTY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

**Return Application with Original Signature to:
Yuba County Board of Supervisors, 915 8th Street, Suite 109, Marysville, CA 95901
For more information, contact the Clerk of the Board of Supervisors at: (530) 749-7510**

FOR OFFICE USE ONLY

- NO VACANCY CURRENTLY EXISTS ON ABOVE-MENTIONED BODY. APPLICANT NOTIFIED
- APPLICANT APPOINTED: _____
- OTHER: _____