

AGOURA VILLAGE SPECIFIC PLAN UPDATE CITIZEN ADVISORY GROUP ("CAG") APPLICATION FORM

Thank you for your interest in serving on the City of Agoura Hills Citizen Advisory Group for the Agoura Village Specific Plan Update! Please complete the form in full. If completing the form by hand, <u>please print clearly</u>. Please submit your completed application to the City Clerk's Office by mail <u>or</u> email:

MAIL: Kimberly Rodrigues, City Clerk, 30001 Ladyface Court, Agoura Hills, CA 91301

EMAIL (scan): krodrigues@agourahillscity.org

For questions about the application, please call Assistant City Manager, Ramiro Adeva at (818) 597-7353.

Note: To apply, you must either be a resident of Agoura Hills, own property or a business in Agoura Hills, or be from the Cornell Rd./
Malibou Lake proximity of unicorporated LA County.

ame:	Date of Birth:
ddress & ZipCode:	
umber of Years residing in Agoura Hills:	Registered Voter: YES NO
mail Address:	
hone Numbers (indicate home, work, or cell):	
ave you ever served on a CAG or similar legisla	ative body? If so, please indicate which CAG(s) or
milar legislative body and your dates of service:	
registrative every unit jour units of services	
II. EDUCATION, EMPLOYMENT, AND	CURRENTACTIVITIES
II. EDUCATION, EMPLOYMENT, AND State your highest grade completed, or list degr	

List any community activities in which you are or have been active in the last five years. Include the Organization, your Position, a brief description of the activity, and your dates of participation: (i, more space is needed, please continue on back or attach a separate page,
Organization, your Position, a brief description of the activity, and your dates of participation: (in the importance of participation) (in the importance of p
Organization, your Position, a brief description of the activity, and your dates of participation: (in the importance of participation) (in the importance of p
Organization, your Position, a brief description of the activity, and your dates of participation: (in the importance of participation) (in the importance of p
Organization, your Position, a brief description of the activity, and your dates of participation: (in the importance of participation) (in the importance of p
III. CAG INTEREST
How many hours a month are you available to participate in CAG meetings/activities?
I want to serve on the CAG because: (if more space is needed, please continue on back or attach a separate page)
As a CAG member, I would bring the following strengths, skills, knowledge and qualifications as assets to the CAG: (if more space is needed, please continue on back or attach a separate page)

Do you have any	conflicts of interest, or an	re you presently serv	ing on any bo	ards? Please explain:
	Please note that if formal background			
I attest that the in	formation in this applicat	ion is true and comp	lete to the best	t of my knowledge.
Signature	Prir	nted Name		Date