



Marina Coast Water District

11 Reservation Road, Marina, CA 93933
(831) 384-6131 | Fax (831) 883-5995

Candidate for Public Service Appointment

Mail completed form to MCWD.

Name of Committee/Commission you are applying for _____

Name _____ Years of Residence in Marina Address _____

Address _____

City, State, Zip _____

Home Telephone _____ Business Telephone _____

Business Affiliation _____ Title _____

Business Address _____

Educational Background:

Occupational Experience:

Membership in Professional or Technical Organizations:

Civic or Community Experience, Memberships or Previous Public Service Appointments:

Experience or Special Knowledge Pertaining to Area of Interest:

Signature _____

Date _____