



# 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.  
Or press the button to submit by email.

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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:

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Signature

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Date