



## Traffic Commission Application

Traffic Commission meets the **first Thursday** of each month at 7:00 p.m.

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Email \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_

Years living in Rosemead: \_\_\_\_\_ Are you a Registered Voter: \_\_\_\_\_

Have you ever been a commissioner before? Yes  No

If yes, name of Commission: \_\_\_\_\_

### Employment Information:

Occupation: \_\_\_\_\_

Name and Type of Business: \_\_\_\_\_

### Community Service Experience

Organization	Years	

### Education Background:

School/College	Major	Degree or Certificate Obtained

Other skills, experience, or interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*The City of Rosemead Traffic Commission consist of five members who shall not be officials or employees of the City and shall legally reside within the City limits of the City (RMC Section 2.32.020). Members are appointed to two year terms, by the City Council.*

**I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that this document is a public record subject to disclosure under the Public Information Act.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_