



**CITY OF IMPERIAL BEACH, CALIFORNIA  
APPLICATION FOR OVERSIGHT BOARD  
Submittal Deadline: Thursday, February 23, 2012 at 5:30 p.m.**

**The purpose of this application is to provide the Mayor and members of the City Council with background information on persons who wish to serve as a member of the Oversight Board for the Imperial Beach Redevelopment Agency Successor Agency. A biography is required and must be submitted with this application.**

**Please note: This application and supporting materials are not confidential.**

**FULL NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**TELEPHONE: (Home)** \_\_\_\_\_ **(Business)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**EDUCATION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPATION/PROFESSION:**  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP IN CIVIC ORGANIZATIONS, SERVICE CLUBS, ETC.:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACHIEVEMENTS AND AWARDS (CIVIC, SCHOLASTIC, OR OTHER):**

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**QUALIFICATIONS OR TRAINING YOU FEEL YOU POSSESS THAT WILL AID YOU IN SERVING AS MEMBER OF THE OVERSIGHT BOARD:**

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**STATE BRIEFLY WHY YOU ARE INTERESTED IN SERVING:**

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**PLEASE LIST ALL FINANCIAL INTERESTS (BUSINESS, PROPERTY, INVESTMENT, PERSONAL, INCOME, ETC.) THAT YOU OR ANY ENTITY YOU REPRESENT PROFESSIONALLY HAVE, WITHIN OR ADJACENT TO, THE CITY OF IMPERIAL BEACH:**

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By signing this application, I declare that all answers and statements are true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please submit this application with a copy of your biography to:**

Office of the City Clerk  
City of Imperial Beach  
825 Imperial Beach Boulevard  
Imperial Beach, CA 91932  
Phone: (619) 423-8616