



CHARTER REVIEW COMMITTEE APPLICATION  
 CITY OF SANTA CLARA  
 City Clerk's Office 1500 Warburton Avenue  
 Santa Clara, California 95050  
 Phone: 408-615-2220 E-mail: [Clerk@santaclaraca.gov](mailto:Clerk@santaclaraca.gov)

**Scope of the Charter Review Committee**

The scope of the Charter Review Committee will be limited to conducting the public process to draft language to amend the City of Santa Clara Charter with respect to council district elections. Discussions and public input will be focused on actual charter amendment language related to how voters elect their council-members. Discussions related to other portions of the City of Santa Clara Charter are not part of the scope of this committee.

**Application Requirements:**

1. Application 2. Proof of Residency Documents (2 Required) - Sample documents include a Driver's License/State Identification Card, Utility Bill, Internet/Cable Bill, etc. Please bring the proof of residency documents along with your application to the City Clerk's Office at 1500 Warburton Avenue Santa Clara, CA 95050 (Monday - Friday 8:00AM to 5:00PM)

Name: \*

Address: \*

City: \*

State: \*  Zip Code: \*

E-mail Address: \*

Council District Number

Primary Phone Number: \*

Secondary Phone Number:

Are you eligible to register to vote in Santa Clara? \*      Yes      No      Unsure

Are you a registered voter of Santa Clara? \*      Yes      No      Unsure

Present Employer:

Job Title:

Previous Governmental Bodies/  
Elective Offices Applicant has served:

Position/Office Held:

Dates:

Civic or Charitable Organizations to  
which Applicant has belonged:

Position(s) Held:

Dates:

College, Professional, Vocational  
Schools attended:

Major Subject:

Degree/Dates:

Special awards or recognition received:

Please state reasons why you want to become a member of this Board/Commission/Committee, including what specific objectives you would be working toward as a member of this advisory board:

Any other information which you feel would be useful to the City Council in reviewing your application:

Are you associated with any organization/employment that might be deemed a conflict of interest in performing your duties if appointed to this position \*

Yes No Unsure

If yes, please name the organization and/or employment.

City policy directs all advisory body members not to vote on matters where there exists a potential conflict of interest. Would you be willing to abstain from voting if such a conflict arises?

Yes No Unsure

Signature of Applicant: \*

Date Signed: \*

**By signing this application, you are confirming that you are the person listed in this application, and that all information provided is truthful and correct. The application will be a public record. Proof of Residency will remain confidential.**