

CITY OF CAPITOLA

420 Capitola Avenue Capitola, CA 95010 (831) 475-7300 FAX (831) 479-8879

APPLICATIONS FOR APPOINTMENT TO:

Capitola Representative to the Community Television of Santa Cruz County Board of Directors

NOTICE IS HEREBY GIVEN, pursuant to Government Code Section 54974, the Capitola City Council is seeking applications for (1) City Representative to fill a vacancy of an unexpired term ending November 2016 on the Community Television of Santa Cruz County (CTSCC) Board of Directors. The City's appointee must be a resident of Capitola and should be familiar with the function and mission of Community Television.

The CTSCC Board of Directors meetings are held every 4th Monday of each month (except August and December) at 5:30 p.m. Meetings are held at Community Television of Santa Cruz County offices located at 816 Pacific Avenue, Santa Cruz, CA. Specific questions regarding meetings, duties or other information about the CTSCC Board of Directors can be directed to Chairperson Keith Gudger at kgudger@communitytv.org.

Application Deadline: Ongoing until filled.

I, Susan Sneddon, City Clerk of the City of Capitola, California, hereby certify that the above Notice was posted on February 5, 2015.

Dated: February 5, 2015 Susan Sneddon, CMC City Clerk



CITY of CAPITOLA BOARDS AND COMMISSIONS APPLICATION

Citizens are encouraged to serve on the various City Boards, Committees, and Commissions. Appointments are made at a public City Council meeting.

| Aр | plication for: | | | |
|---|---|---|--|-------------------------------------|
| | Art & Cultural Commission [Artist; Arts Professional; At Large Member] Please underline category above. | | Architect & Site Com [Architect; Landscape & Please underline cates | Architect; Historian] |
| | Finance Advisory Committee [Business Representative; At Large Member] Please underline category above. | | Traffic & Parking Co [Village Resident; Village Please underline cated | ge Business Owner; At Large Member] |
| | Historical Museum Board | | Planning Commissio | n |
| | | M | Other Committee | _CTSCC Representative |
| Na | me: | | | |
| | Last | | First | M.I. |
| Tel | ephone: | | | |
| | ноте | | Business | Cell |
| | nail Address: | | | |
| Physical Address of Residence: | | | | |
| Mailing Address: | | | | |
| Business Address: | | | | |
| Occupation: | | | | |
| Are you a resident of the City of Capitola? Yes 🗌 No 🔲 | | | | |
| Describe your qualifications and interest in serving on this Board/Commission/Committee: | | | | |
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| (Use additional paper, if necessary) | | | | |
| Please Note: Appointment to this position <u>may</u> require you to file a conflict of interest disclosure statement with the City Clerk. This information is a public record and these statements are available to the public on request. | | | | |
| | | | | |
| - | Date | | S | ignature of Applicant |

Mail or Deliver Application to:
Capitola City Hall
Attn: City Clerk
420 Capitola Avenue, Capitola, CA 95010