



CITY OF LEMON GROVE

APPLICATION FOR APPOINTMENT OF CITY COUNCILMEMBER

Name: _____
(Last) (First) (Middle)

Residence
Address: _____

City: _____ Zip Code: _____

Residence Phone: _____ Cell Phone: _____

Email: _____

Resident of Lemon Grove _____ Years Lemon Grove Registered Voter: Yes ____ No ____

If appointed, do you intend to run in the November 2026 election? Yes ____ No ____

PLEASE ATTACH A RESUME LISTING EDUCATION AND EMPLOYMENT HISTORY (if available)

Community Involvement:

List Boards, Commissions, Organizations or Non-Profits you are involved or have been involved:

List extracurricular activities with which you are involved: _____

Other Pertinent Skills, Experience or Interests: _____

Written responses: Please answer the following questions concisely, using no more than 250 words per question. A separate sheet may be attached, bullet points are acceptable.

Questions:

- 1. Please explain why you want to be appointed to City Council:**

- 2. Describe any qualifications, experience, and education, as well as any technical certifications or professional background you may have relative to the duties of this position:**

- 3. What would your goals be should you be appointed as a City Councilmember?**

- 4. The City Council holds two (2) regular monthly meetings, occasional special and executive meetings, and workshops. In addition, all members of the Council are on Regional Boards and are required to attend meetings and events. Describe your availability to participate in these meetings and events:**

5. **Additional Information:** Please provide any additional information you wish covering your qualifications, interest, community/professional organization or training related to this appointment.

6. **Please List Support or Endorsement from Organizations:**

Applications **must be received** by the City Clerk's Office no later than:

Thursday, January 23, 2025, by 5:00 p.m.

APPLICANT'S NAME: _____

I HAVE SUFFICIENT TIME TO DEVOTE TO THIS RESPONSIBILITY AND WILL ATTEND THE REQUIRED MEETING(S) IF I AM APPOINTED. I AM ALSO AWARE THAT THIS APPLICATION IS A PUBLIC DOCUMENT AND IF APPOINTED, I WILL FILE NECESSARY DISCLOSURE DOCUMENTS AND ATTEND ETHICS TRAINING AS REQUIRED BY AB 1234 AND HARASSMENT PREVENTION TRAINING AS REQUIRED BY AB 1661, IN ADDITION TO FILING FORM 700 STATEMENT OF ECONOMIC INTEREST AS REQUIRED BY THE FAIR POLITICAL PRACTICES COMMISSION (FPPC).

PLEASE NOTE: This application becomes public information and will be available on the City's website.

I hereby certify that the information contained in this application and any accompanying documents is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Print Name of Applicant: _____

Please complete application and submit to the following address:

*City Clerk's Office
City Hall
3232 Main Street
Lemon Grove CA 91945*

Questions: JPablo@lemongrove.ca.gov

Application Deadline: All applications for the City Councilmember appointment

must be received by the City Clerk's Office no later than:

Thursday, January 23, 2025, by 5:00 p.m.

APPLICATION TO VIEW VOTER REGISTRATION INFORMATION

"State law prohibits the use of voter registration information for commercial purposes."

This agreement is between the following applicant and the City Clerk for the purpose of obtaining access to voter registration information pursuant to California Elections Code § 2188.

Please **PRINT** or **TYPE** necessary information.

Applicant's Name (in full):		
Residence Address:		
City:	State, Zip:	Telephone:
Business Address:		
City:	State, Zip:	Telephone:

Complete the following if information is requested on behalf of an organization or individual other than applicant.

Organization/Individual Name:		
Address:		
City:	State, Zip:	Telephone:
Name of Individual Authorizing Applicant:		

The specific information requested is stated below:

Registration information will be used for the purpose stated below:

I certify under penalty of perjury under the laws of the State of California that information on this application is true and correct.

Executed on (Date)

at (Location)

Signature of Applicant:

Driver's License No.:

The elections official shall request the applicant to display his or her identification for purposes of verifying that the identifying numbers of the identification document match those written by the applicant on the application form. (§ 2188, Elections Code.)

Office Use Only: Reviewed By: _____	Date: _____
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