

Goleta West Sanitary District

Application for Persons Interested In Serving on the Board of Directors.

The Goleta West Sanitary District intends to fill a vacancy on the Board of Directors by appointment. Those wishing to be considered for appointment shall complete this application, sign that they have read, understand and meet the requirements then submit the application to Goleta West Sanitary District. If additional space is needed when completing this application, please do so on an additional sheet and attach it to this application.

Requirements: A person interested in serving in the appointed position must be at least 18 years of age, a citizen of the state, a resident of the district for which they are running, and registered voter of the District. Additionally, any person convicted by the state or federal government of vote-buying, bribery, perjury, forgery, malfeasance in office, or other high crime (e.g., treason) is disqualified from public office. (Cal. Const. art. VII, § 8; Gov't Code §§ 1021, 1023, 1024; Penal Code §§ 67, 68, 74, 88, 98.)

Please address the application to Goleta West Sanitary District, Attn: Board Secretary. Applications must be received in the District's office.

Hand Delivery: UCSB Campus, Lot 32 Santa Barbara, CA 93106

Mail: PO Box 4, Goleta, CA 93116-0004

The person appointed to fill the vacancy for the remainder of a four year term through November, 2028.

General Information:

1. Name: _____
2. Address: _____

3. Phone: Home- _____ Work- _____
4. E-mail: _____
5. Education: _____

6. Profession: _____

7. Other General Information: _____

Qualifications:

1. Why are you interested in serving on the Board of Directors? _____

2. What is your understanding of the District's role and service to the Community?__

3. What do you believe are the main issues currently facing the District?_____

4. Please explain any experience you have relative to Special Districts and Sanitary Districts. _____

5. Please explain any other background you have that is relative to serving on the Goleta West Sanitary District Board of Directors. _____

I have read, understand and meet all the requirements to serve on the Goleta West Sanitary District Board of Directors.

Signature: _____ Date: _____