



# TOWN OF LOS GATOS

## GENERAL PLAN COMMITTEE APPLICATION

### Submit to: Clerk Department

110 East Main Street, P.O. Box 949, Los Gatos, CA 95031  
Telephone: (408) 354-6834 Fax: (408) 354-8431 Email: Clerk@LosGatosCA.gov

LAST NAME:	_____	FIRST NAME:	_____
ADDRESS:	_____	CITY:	_____
		ZIP CODE:	_____
CELL PHONE:	_____	HOME PHONE:	_____
EMAIL ADDRESS:	_____	WORK PHONE:	_____
EMPLOYER:	_____	JOB TITLE:	_____

HOW LONG HAVE YOU LIVED IN LOS GATOS? \_\_\_\_\_

\*If appointed your name, phone number, and email address will be made available to the public.

**Please list all previously held elected or appointed governmental positions. Include the Position/Office held and the associated dates.**

*(e.g. Mayor, City of San Jose, 1990-1994)*

**Please list any civic charitable organizations you have belonged to. Include the Position/Office held and the associated dates.**

*(e.g. Coach, Little League, 1982-1989)*

**Please list any schools that you have attended or are currently attending. Include your major subject area and/or grade level.**

*(e.g. San Jose State University, BA in History)*

**What community needs would you like to specifically address?**

**I am applying as a resident of the Town of Los Gatos.**

**I am applying as a business owner or manager in Los Gatos, but not necessarily as a Town resident.**

**Why are you interested in serving on the General Plan Committee?**

*(Limit 500 characters)*

**Have you ever attended a General Plan Committee meeting? If so, please provide a summary of your observation of the meeting?**

*(Limit 500 characters)*

**Describe your knowledge of the Town's General Plan?**

*(Limit 500 characters)*

**How do you view the Committee's role?**

*(Limit 500 characters)*

**What design or land use experience do you have that would be useful on the Committee?**

*(Limit 500 characters)*

**How would you describe your philosophy of planning?**

*(Limit 500 characters)*

**Have you discussed the role of a committee member with anyone of the Planning staff?**

*(Limit 500 characters)*

**A separate application is required for each Commission. Please list all other Commissions that you are applying for and rank your preference for each:**

*(Limit 500 characters)*

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**This form must be signed and dated for the Town of Los Gatos to accept your application.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT, IF YOU NEED SPECIAL ASSISTANCE TO PARTICIPATE IN THE INTERVIEW PROCESS, PLEASE CONTACT THE CLERK DEPARTMENT AT (408) 354-6834. NOTIFICATION 48 HOURS BEFORE THE MEETING WILL ENABLE THE TOWN TO MAKE REASONABLE ARRANGEMENTS TO ENSURE ACCESSIBILITY [28 CFR §35.102-35.104]*