



City of Ripon

259 N. Wilma Avenue
 Ripon, California 95366
 Phone: (209) 599-2108
 Fax: (209) 599-2685

Email: information@cityofripon.org

CITY COUNCIL

Mayor Michael Restuccia

Vice-Mayor Leo Zuber

Council Members
 Jake Parks
 Daniel de Graaf
 Dean Uecker

CITY ADMINISTRATOR

Kevin Werner

DIRECTOR OF PLANNING

Ken Zuidervaart

CITY ENGINEER

Kevin Werner

DIRECTOR OF PUBLIC WORKS

Ted Johnston

CITY CLERK

Lisa Roos

RECREATION DIRECTOR

Kye Stevens

CITIZENS DESIRING TO SERVE THEIR CITY

Please indicate your preference:

<input type="checkbox"/>	Historical/Museum Commission	<input type="checkbox"/>	San Joaquin County Commission on Aging
<input type="checkbox"/>	Planning Commission	<input type="checkbox"/>	San Joaquin County Mosquito Abatement District
<input type="checkbox"/>	Parks/Recreation Commission	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Community/Youth Commission	<input type="checkbox"/>	

Please provide the following information (use reverse side or additional paper, if needed)

Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

E-mail: _____

Do you live within the City limits? _____ Are you registered to vote? _____

Do you live within the Ripon Unified School District limits? _____

How long have you lived in Ripon? _____

Are you a City employee? _____ If yes, please indicate your position _____

Occupation: _____

Business Address: _____ Zip Code: _____

Education (highest school year completed, degree, etc.): _____

Employment Highlights: _____

Prior Public Service, if any: _____

Present and past community activities and organizations: _____

What are your most important qualifications for the commission(s) that you indicated above? _____

You may submit additional or supplemental information along with this form.

This information is confidential. Your name will not be made public until such time that you are appointed to a commission, committee, or task force. The Commission Appointment Committee, at their discretion, may complete a background check.

Please return to:

CITY CLERK
City of Ripon
259 N. Wilma Ave.
Ripon, CA 95366

Signature

Date

Background Check:
Completed: _____
Approved: _____
Denied: _____