



City of Ripon
 259 N. Wilma Avenue
 Ripon, California 95366
 Phone: (209) 599-2108
 Fax: (209) 599-2685
 Email: information@cityofripon.org

MAYOR
Leo Zuber
 VICE-MAYOR
Daniel de Graaf
 COUNCIL MEMBERS
Gary Barton
Dean Uecker
Michael Restuccia
 CITY ADMINISTRATOR/
 CITY ENGINEER
Kevin Werner
 DIRECTOR OF PLANNING &
 ECONOMIC DEVELOPMENT
Ken Zuidervaat
 DIRECTOR OF PUBLIC WORKS
James Pease
 CITY CLERK/FINANCE DIRECTOR
Lisa Roos
 DIRECTOR OF RECREATION
Kye Stevens

CITIZENS DESIRING TO SERVE THEIR CITY

Please indicate your preference:

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

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: _____

District Verification

City of _____

Requested by: _____

Email: _____ Date: _____

Return by email to candidates@sjgov.org

Full Name: _____

Residence Address: _____

City: _____ Zip: _____

Board/Commission: _____

- ☐ Candidate must be a registered voter of the City of _____
- ☐ Candidate must be a registered voter of San Joaquin County
- ☐ Candidate must be a registered voter in the district at least _____ days prior to filing

FOR REGISTRAR OF VOTERS OFFICE ONLY



- ☐ Candidate is a registered voter at the above-mentioned residence address, which is:

In District: _____ Out of District: _____ Precinct Number: _____

- ☐ Candidate is a registered voter at a DIFFERENT address

- ☐ Candidate is NOT a registered voter

Verified by: _____ Date: _____

Verified by: _____ Date: _____