



Beautification Committee Application

Beautification Committee meets the **second Wednesday** of each month at 6:30 p.m.

Name _____

Residence Address _____

Email _____ Phone: Home: _____ Cell _____

Years living in Rosemead: _____ Are you a Registered Voter: _____

Have you ever been on a Committee before? Yes No

If yes, name of Committee: _____

Employment Information:

Occupation: _____

Name and Type of Business: _____

Community Service Experience

Organization	Years	

Education Background:

School/College	Major	Degree or Certificate Obtained

Other skills, experience, or interests: _____

The City of Rosemead Beautification Committee consists of one Council Member and six members who shall not be officials or employees of the City and shall legally reside or have business ties within the City of Rosemead (Admin Policy 50-08). Members are appointed to two year terms, by the City Council.

I hereby certify that all statements in this application are true and correct to the best of my knowledge. I understand that this document is a public record subject to disclosure under the Public Information Act.

Date: _____ Signature _____