



**CITY OF ALPINE  
ADVISORY BOARDS & COMMISSIONS QUESTIONNAIRE**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you been a resident of or involved with Alpine?: \_\_\_\_\_

Are you a qualified voter of the City of Alpine?: \_\_\_\_\_

Board or Commission you have interest in servicing on: \_\_\_\_\_

Please provide brief background information about yourself, including education, work experience, and any special qualifications you have for serving on this board/commission:

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Please state why you wish to service the City of Alpine as a member of a board or commission:

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Do you currently, or have you in the past served the City of Alpine? Yes \_\_\_\_ No: \_\_\_\_

If yes, in what capacity? \_\_\_\_\_

How long? \_\_\_\_\_

Do you receive any compensation from the City of Alpine or are there any potential conflicts of interest if you serve the City of Alpine? Yes \_\_\_\_ No: \_\_\_\_

If yes, please explain: \_\_\_\_\_

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

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