

**CITY OF VISTA VOLUNTEER SERVICE APPLICATION
CENTRAL VISTA BUSINESS IMPROVEMENT DISTRICT (CVBID)
ADVISORY BOARD**

**Office of the City Clerk
200 Civic Center Drive, Vista, CA 92084
Phone: (760) 643-5320 Fax: (760) 639-6126
Email: kvaldez@cityofvista.com**

Please note: Under the Public Records Act, this completed application becomes a Public Record and must be disclosed upon request. Members are required to complete Statements of Economic Interest, Form 700, which also become a Public Record.

NAME: _____ **DATE:** _____

BUSINESS NAME: _____

ADDRESS: _____

I am a business owner subject to the assessment within the CVBID: Yes No (circle one)

QUALIFICATIONS AND SPECIAL INTERESTS: (This information is optional)

Past Public Service:

Employment History:

Other Qualifications & Special Interests:

Phone _____ **Cell** _____

Email address: _____

At what address may we mail information to you?

STREET ADDRESS: _____

CITY: _____ **ZIP:** _____

I am interested in serving on the Central Vista Business Improvement District Advisory Board.

Signature

Date