



LOS OSOS COMMUNITY SERVICES DISTRICT Application for Emergency Services Advisory Committee Appointment

NAME _____
CITY _____ ZIP _____
PHONE (H) _____ (W) _____ (C) _____
E-MAIL _____ BEST TIME TO CONTACT _____

I AM INTERESTED IN PARTICIPATING ON THE _____ ADVISORY COMMITTEE
FOR THE FOLLOWING REASONS _____

SHARE ANY EXPERIENCE YOU MAY HAVE AS IT RELATE TO THE ADVISORY COMMITTEE:

Please check here to confirm you live within the boundaries of the Los Osos Community Services District.

SIGNATURE _____ DATE _____

Please Return to: Laura Durban, LOCSD Committee Liaison
2122 9th Street, Suite 110, Los Osos, CA 93402
For more information, call 528-9370

Office Use Only:
Date Received: _____
Time Received: _____