



# LOS OSOS COMMUNITY SERVICES DISTRICT Application for 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, LOCS D Committee Liaison  
2122 9<sup>th</sup> Street, Suite 110, Los Osos, CA 93402  
For more information, call 528-9370

Office Use Only:  
Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_