

CITY OF CAMPBELL/PUBLIC WORKS DEPARTMENT
70 NORTH FIRST STREET
CAMPBELL, CA 95008
Phone: (408) 866-2150
Email: publicworks@campbellca.gov

**APPLICATION FOR APPOINTMENT TO
BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE**

Name _____

Address _____

Email _____

Phone No. – Work _____ Home _____

Have you served in a similar capacity previously? Yes ___ No ___

If “Yes”, give name of City or other jurisdiction: _____

Member of a bicycle organization? Yes ___ No ___

If yes, which one(s) _____

Present Occupation _____
(Give Title)

Name and Address of Present Employer (if employed) _____

Education: High School _____

College _____

Degree(s) Obtained _____

Check appropriate bicycle usage:

_____ Recreation; _____ Commuting; _____ Racing; _____ Fitness

Check Interests:

_____ Increasing bicycle usage; _____ Improving bicycle safety; _____ School bike routes;

_____ Public awareness & education; _____ Bicycle Route Planning; _____ Other (specify);

Additional comments on your specific interest in this appointment: _____

Signature _____ Date _____