



**City of Ripon**  
 259 N. Wilma Avenue  
 Ripon, California 95366  
 Phone: (209) 599-2108  
 Fax: (209) 599-2685  
 Email: [information@cityofripon.org](mailto:information@cityofripon.org)

MAYOR  
*Michael Restuccia*  
 VICE-MAYOR  
*Leo Zuber*  
 COUNCIL MEMBERS  
*Daniel de Graaf*  
*Gary Barton*  
*Dean Uecker*  
 CITY ADMINISTRATOR/  
 CITY ENGINEER  
*Kevin Werner*  
 DIRECTOR OF PLANNING &  
 ECONOMIC DEVELOPMENT  
*Ken Zuidervaat*  
 DIRECTOR OF PUBLIC WORKS  
*James Pease*  
 CITY CLERK/FINANCE DIRECTOR  
*Lisa Roos*  
 DIRECTOR OF RECREATION  
*Kye Stevens*

## CITIZENS DESIRING TO SERVE THEIR CITY

Please indicate your preference:

<input type="checkbox"/>	Planning Commission	<input type="checkbox"/>	San Joaquin County Commission on Aging
<input type="checkbox"/>	Parks and Recreation Commission	<input type="checkbox"/>	San Joaquin County Mosquito Abatement District
<input type="checkbox"/>	Other _____		

Please provide the following information (use reverse side or additional paper, if needed)

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

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

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you live within the City limits? \_\_\_\_\_ Are you registered to vote? \_\_\_\_\_

Do you live within the Ripon Unified School District limits? \_\_\_\_\_

How long have you lived in Ripon? \_\_\_\_\_

Are you a City employee? \_\_\_\_\_ If yes, please indicate your position \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Education (highest school year completed, degree, etc.): \_\_\_\_\_

Employment Highlights: \_\_\_\_\_

Prior Public Service, if any: \_\_\_\_\_

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Present and past community activities and organizations: \_\_\_\_\_

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What are your most important qualifications for the commission(s) that you indicated above? \_\_\_\_\_

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You may submit additional or supplemental information along with this form.

This information is confidential. Your name will not be made public until such time that you are appointed to a commission, committee, or task force. The Commission Appointment Committee, at their discretion, may complete a background check.

Please return to:

CITY CLERK  
City of Ripon  
259 N. Wilma Ave.  
Ripon, CA 95366

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Background Check:  
Completed: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_