## KINGS COUNTY BOARD OF SUPERVISORS COMMITTEE APPLICATION FOR APPOINTMENT

Board:	
Name:	
	Telephone:
City/St/Zip:	Date of Birth:
Email:	
Length of Residency in Kings Cou	unty:
Supervisorial District:	
Occupation:	
Education:	
Membership on other Boards/Con	mmissions:
Affiliations:	
Reason(s) for seeking appointmen	ıt:
	Signature of applicant
Return completed form to:	Kings County Board of Supervisors Attn: Clerk of the Board
	1400 W. Lacey Blvd.
	Hanford, CA 93230

For inquiries on the application process: (559) 852-2362