



DATE STAMP RECEIVED:

**APPLICATION TO FILL CITY TREASURER VACANCY**

*(Information provided on this form is subject to disclosure as a public record)*

**RETURN TO: Office of the City Clerk, One Civic Center Drive, La Cañada Flintridge, CA 91011**

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TELEPHONE (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

E-MAIL ADDRESS (Optional): \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN LA CAÑADA FLINTRIDGE? \_\_\_\_\_

ARE YOU CURRENTLY A REGISTERED VOTER IN LA CAÑADA FLINTRIDGE? \_\_\_ Yes \_\_\_ No

\*\*\*\*\*

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

*(YOU MAY COMPLETE THE FORM BELOW OR ATTACH A SEPARATE SHEET TO THIS APPLICATION, INCLUDING IF ADDITIONAL SPACE IS NEEDED)*

1. Please describe your community involvement and activities (both La Cañada Flintridge and elsewhere):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe your education and work experience/training that you believe would be relevant in your role as a City Treasurer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe any expertise and/or specialized knowledge that you possess that would be relevant in your role as a City Treasurer.

---

---

---

---

4. Understanding that the City Council regularly meets every 1<sup>st</sup> and 3<sup>rd</sup> Tuesday of each month, please describe any time constraints or limitations on your availability (days of week, evenings, weekends, frequent and/or extended absences, recurring business obligations) that might limit your availability for special meetings or community events:

---

---

---

---

5. Please describe your personal goals and what you would like to see accomplished if appointed:

---

---

---

---

6. Please identify any potential conflicts of interest that could arise while serving as a City Treasurer including, but not limited to, financial, business and/or organizational affiliations. (*If appointed, you will be required to annually complete a Statement of Financial Interests Form 700 reporting your financial interests*).

---

---

---

---

7. Please provide your reasons for wanting to serve as City Treasurer and any other comments that you believe would be helpful to the City Council as it considers your application for appointment:

---

---

---

---

\*\*\*\*\*

STATEMENT: I am aware and acknowledge that the City of La Cañada Flintridge may obtain public records from other government agencies and/or other information generally available to the public about me including, but not limited to, content generally available, with or without fee, accessible on the internet, social media or other sources, irrespective of their accuracy. I hereby consent to the use of such information and agree to hold harmless and forever release the City, its officers, agents and employees, from any and all liability in the use or consideration of such information. I hereby attest that the information provided on this form is true, substantively complete, accurate and devoid of any material omissions.

\_\_\_\_\_  
Signature

***COMPLETED APPLICATIONS DUE TO THE CITY CLERK'S OFFICE NO LATER THAN 5:00 P.M. FRIDAY, May 24, 2024. EMAILED AND FAXED APPLICATIONS WILL NOT BE ACCEPTED.***