



# Application for Appointment to Measure Y Oversight Committee

We are now accepting applications from community members interested in serving on the Measure Y Oversight Committee. Committee members will be appointed by the Mayor.

The Revenue Measure Oversight Committee meets twice yearly to review the use of Measure Y revenues by Watsonville's Police, Fire, and Parks and Recreation departments. The half-cent sales tax measure includes strict accountability provisions and the committee is tasked with making sure that all tax revenue is properly received, allocated, and spent in compliance with Measure Y.

## Instructions:

If you are interested in serving on the Measure Y Oversight Committee, complete the following application and return it to the City Clerk's Office, 275 Main Street, Suite 400, (Fourth Floor), Watsonville, CA 95076 or email it to [cityclerk@watsonville.gov](mailto:cityclerk@watsonville.gov).

Upon receipt, your application for appointment will be routed to the Mayor for review. **Thank you for your interest in City government.**

## Note:

Appointees will be required to attend the next Committee meeting scheduled for November 8, 2023 at 4:30pm.

**Please submit completed application by no later than October 31, 2023 by 5pm.**

Applicant's Information	
Name	Date
Address	
Phone	Phone (Other)
Email	Length of residence in area
Are you a Registered Voter?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Previous Commission or Board Served - Please Specify** *(No prior experience is necessary)*

<b>Board</b>	<b>Term</b>
<b>Board</b>	<b>Term</b>
<b>Board</b>	<b>Term</b>
<b>Board</b>	<b>Term</b>

**Work/Volunteer Experience:**

<b>Organization</b>	<b>Address</b>
<b>Position</b>	<b>Year</b>
<b>Organization</b>	<b>Address</b>
<b>Position</b>	<b>Year</b>
<b>Organization</b>	<b>Address</b>
<b>Position</b>	<b>Year</b>
<b>Organization</b>	<b>Address</b>
<b>Position</b>	<b>Year</b>

**Statement of Qualification:**

Please attach a brief statement indicating why you are interested in serving on the advisory body in question.

**Acknowledgment:**

I understand that this application is a public document and its contents will be disclosed upon request, and any misrepresentation or deliberate omission of a material fact in this application may be justification for refusal or termination of appointment.

**Certification:**

I acknowledge I have read the above information and certify that the information provided by me is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

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**Signature**

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**Date**