

**Wallace Community Services District
Board Application**

Name: _____

Residence Address: _____


Telephone: (residence and emergency) _____

Occupation: _____

Please state briefly your reasons for wanting to be on the Board:

Other information you would like to submit:

I hereby certify that all statements made in this application are true and correct.

Signature:  _____

Date: _____

NOTE: Please return this form WCSD PO BOX 398, Wallace, Ca. 95254

All applications are considered to be public documents and shall be available for public inspection.

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