



## MUNICIPALITY OF ANCHORAGE

Planning Department

*Transportation Planning Division*

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# AMATS CITIZENS ADVISORY COMMITTEE MEMBERSHIP APPLICATION

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

Organization (if applicable) \_\_\_\_\_

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

Assembly District: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business/Cel phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you presently employed by a government agency?      Yes      No

If yes, which one? \_\_\_\_\_

Occupation \_\_\_\_\_

Outline your relevant experience for this appointment:

Outline your reasons for wanting to being involved in this committee:

Can you attend the CAC quarterly meetings?      Yes      No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your resume or bio.