



Application for Membership on Hearing Board

(Placer County Residents only)

The Following is Public Information

Name: _____

Availability for meetings:

Days _____

Times _____

Employment Experience/Profession: _____

Organization/Community Experience: _____

Educational Experience: _____

Applications will be retained for two years

**Please file your application with the Clerk of the Board for APCD
3091 County Center Drive, Suite 240, Auburn California 95603
(530) 745-2318 email: mkoltun@placer.ca.gov**

Signature: _____ Date _____

The following is considered confidential information for PCAPCD Staff use only

Residence Address: _____

Mailing Address: _____

Phone Numbers:

Home _____ Cell _____

Fax _____

Email address: _____