



**City of Sunnyvale  
Incumbent Board and Commission Member  
Request for Reappointment Consideration**

*Only incumbents seeking reappointment to the same board/commission may use this form*

Please print or type answers to all questions. Write N/A if not applicable.

**Office Use Only**

Date Received: \_\_\_\_\_

Voter registration verified: \_\_\_\_\_

On: \_\_\_\_\_

By: \_\_\_\_\_

Please accept my request to be reappointed to: Select

Applicant Name: \_\_\_\_\_  
Last First M.I.

Current Residence \_\_\_\_\_  
Street City State Zip

E-mail Address: \_\_\_\_\_

Preferred Contact Phone Number(s): \_\_\_\_\_

1. Are you a currently-registered voter in Sunnyvale? When was the last time you voted?  
Yes ☐ No ☐  
Month Select Year \_\_\_\_\_

2. Length served on current board/commission? \_\_\_\_\_

3. Have you served previously on other City boards or commissions?  
Yes ☐ No ☐

If yes, which one? \_\_\_\_\_ Term currently serving \_\_\_\_\_  
\_\_\_\_\_ Term previously served \_\_\_\_\_

4. New information about my qualifications that I would like Council to know:

Applicant Name \_\_\_\_\_

5. Reasons I wish to be reappointed:

6. Additional Information:

**IMPORTANT NOTICES – READ BEFORE SIGNING:**

All information provided on this application becomes a public record after it is officially filed. This document will be published to the City website with the interview materials. Personal contact information will be redacted.

Applicants appointed to the **Planning Commission, Arts Commission, Heritage Preservation Commission and Housing and Human Services Commission** are required to electronically file the Fair Political Practices Commission (FPPC) Statement of Economic Interests (Form 700), which is a public record. The Form 700 reports your economic interests and your spouse/domestic partner's economic interests (if applicable). A copy of this form is available in the Office of the City Clerk or by visiting [www.fppc.ca.gov/Form700.html](http://www.fppc.ca.gov/Form700.html)

Pursuant to the Americans with Disabilities Act (ADA), the City of Sunnyvale will make reasonable efforts to accommodate persons with qualified disabilities during the boards and commission interview process. Should you require special accommodations, please contact the Office of the City Clerk via [cityclerk@sunnyvale.ca.gov](mailto:cityclerk@sunnyvale.ca.gov) or at 408-730-7483 at least five days in advance of your scheduled interview.

I certify under penalty of perjury that all statements I have made on this application are true and correct. I hereby authorize the City of Sunnyvale to investigate the accuracy of this information from any person or organization, and I release the City of Sunnyvale and all persons and organizations from all claims and liabilities arising from such investigation or the supplying of information for such investigation. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal of appointment or immediate dismissal at any time during the period of my appointment.

**Your application is not complete until it is signed and submitted to the Office of the City Clerk.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***Applying your digital signature locks the information you entered on this application, preventing further edits.***

**Please return to: Office of the City Clerk, 456 W. Olive Ave., P.O. Box 3707, Sunnyvale, CA 94088-3707 or email to [cityclerk@sunnyvale.ca.gov](mailto:cityclerk@sunnyvale.ca.gov)**

Applicant Name \_\_\_\_\_

## Demographic Information

\*\* This voluntary Demographic Information is public information \*\*

**This information will help Council meet its goal of ensuring that the Human Relations Commission as well as other boards and commissions reflects the demographic diversity of Sunnyvale residents.**

**Age:**

- ☐ Under 18
- ☐ 18-44
- ☐ 45-64
- ☐ 65+
- ☐ Prefer Not to Answer

**Gender:**

- ☐ Female
- ☐ Male
- ☐ Non-binary/Non-conforming
- ☐ Transgender
- ☐ Prefer Not to Answer
- ☐ Not Listed:

**Do you identify as LGBTQIA+ :**

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Answer

**Race/Ethnicity: select all that apply.**

- ☐ White
- ☐ Black/African-American
- ☐ Asian
- ☐ Hispanic-Latinx/o/a/e
- ☐ Native American/Indigenous
- ☐ Native Hawaiian or Pacific Islander
- ☐ Prefer Not to Answer
- ☐ Not Listed:

**Do you speak a language other than English? If yes, please share**

**Household Income:**

- ☐ <\$161,670 (median household income)
- ☐ \$161,670+
- ☐ Prefer Not to Answer

**Are you a:**

- ☐ Renter
- ☐ Homeowner
- ☐ Both (mobile homeowner)
- ☐ Prefer Not to Answer
- ☐ Not Listed:

**Do you live in a:**

- ☐ Apartment/Condo
- ☐ Single Family Home
- ☐ Mobile Home
- ☐ Prefer Not to Answer
- ☐ Not Listed:

**Any other identities that you would like us to know about?**