

Form Name: Incumbent Reappointment
Unique ID: 1447714335

Date Received: 4/2/26
Voter registration verified.
On:
By: MH

Applicant Information

Please accept my request to be reappointed to: Housing and Human Services Commission

Name Jim W Davis

Are you a Sunnyvale resident? Yes

How long have you lived in Sunnyvale? 40 years

Description Area Residence Notice: Unless otherwise noted, your principal place of residence must be in Sunnyvale. You must live in Sunnyvale at the time of appointment and at all times during service on a board or commission.

Current Main Residence



Email



Phone



Description Area Employment Notice City of Sunnyvale employees may not serve on a Board or Commission.

I am a current City of Sunnyvale employee. No

How long have you served on your current board or commission? 3 or 4 years

Have you ever served on another City of Sunnyvale board or commission? No

What new information about your qualifications would you like Council to know? There is much work to be done. Safe Parking, Tiny Homes, affordable housing are just some of the subjects which are just coming to the forefront of our discussions. I would like to see the City be at the forefront of these subjects rather than trailing behind everyone.

Reasons you wish to be reappointed.

I have a strong interest in the issue of housing and helping the unhoused. I believe that i have been insightful regarding the subject matter. I have offered solutions to problems that my other commissioners agreed with. I feel that I have asked questions on issues that have come before the commission that have made people think. I believe that I have a good relationship with staff. I feel strongly about the work that the Commission does and sincerely want to continue our work.

Any additional information related to your reappointment?

I am strongly committed to my work in the areas that the Commission is involved in. I hav greatly enjoyed working with all of my fellow Commissioners and staff. I feel much closer to the community and the work that we are trying to accomplish

Your Agreement

Description Area

IMPORTANT NOTICE - READ BEFORE SIGNING:By selecting both "Yes" and "Submit Form" below I am adding my digital signature to this application. I am also agreeing with the following statements:All statements I have made on this application are true and correct.I authorize the City of Sunnyvale (City) to investigate the accuracy of this information.I release the City from all claims and liabilities arising from such investigation.I acknowledge that any false statement on this application will be grounds for the City to deny my appointment. A false statement discovered later, will be grounds to dismiss me from my appointment at any time.I acknowledge that any false statement on this application could lead to criminal charges. Charges could fall under California Penal Code, Section 115 or other applicable law.

I agree

Yes

Your full name

James W. Davis

Date

Apr 02, 2026
