



**The Gonzales Quality of Life
Temporary Transactions and Use Tax
Oversight Committee**
(Application for Appointment)
Open Filing Until Filled

Date: _____

Name: _____

Date of Birth _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Occupation/Profession _____

How long have you lived in Gonzales _____

Or been in your primary place of business or employment? _____

Educational background (high school / college/ degree(s) _____

Briefly describe your vision for the City of Gonzales? Or describe what you would like Gonzales to be like by the year 2025?

Briefly state why you want to serve on the Oversight Committee, and what you believe your qualifications are for this appointment?

Signature: _____

Date: _____