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Christopher D. Brown AICP
Air Pollution Control Officer

APPLICATION FOR HEARING BOARD

Name: _____

Mailing Address: _____

City, State Zip: _____

Daytime Telephone: _____

Email Address: _____

Fax Number : _____

NUMBER OF YEARS AS A RESIDENT OF SUTTER OR YUBA COUNTY: _____

Briefly state why you are interested in being a member of the Hearing Board and how your background/experience relates to this position:

Signature: _____ Date: _____