



Application for Independent Taxpayer Oversight Committee (ITOC)

COMMITTEE POSITION

For which committee position are you applying for?

Active or retired professional in the field of municipal audit, finance and/or budgeting with a minimum of 5 years experience in a relevant and senior decision-making position in the public or private sector

Active or retired licensed civil engineer or trained transportation planner with at least 5 years of demonstrated experience in the field of transportation in government and/or the private sector

Active or retired manager of major public or private development or construction projects who understands the complexity, costs, and implementation issues involved in building large-scale infrastructure improvements

CONTACT INFORMATION

Name: Email:  
Address: Phone Number 1:  
City: Phone Number 2:  
State: Notification Preference (check one):  
ZIP Code: Email Phone Number 1 Phone Number 2

PERSONAL INFORMATION

Do you live in an incorporated city? If yes, which city: Yes No

Do you or an immediate family member have any relationships (professional, financial, other) that may present a potential conflict of interest as set forth on page 4 of the ITOC Functional Guidelines? If yes, please explain: Yes No

Times available to attend meetings (daytime, evening, day-of-week, etc.):

EDUCATION AND RELEVANT EXPERIENCE

Education:

Public Boards/Commissions/Committees on which you have served:

Other Community Experience and Affiliations:

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## WORK EXPERIENCE

Begin with your current or most-recent employer. List all jobs separately. Attach resume if desired.

### Current or Most-Recent Employer

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

### Previous Employer

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

### Previous Employer

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Duties: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

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## QUESTIONS

Why are you interested in serving on the Independent Taxpayer Oversight Committee?

What unique professional skills and abilities would you bring to the ITOC, and how would they benefit the Committee and the Measure A transportation sales tax program?

What do you hope to accomplish through your participation on the ITOC?

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## SIGNATURE

By signing or typing your name and date in the space to the right, you affirm that all information on this application is true to the best of your knowledge and belief.