RECEIVED

FORT BRAGG FIRE PROTECTION AUTHORITY

APPLICATION FOR APPOINTMENT

MAR 12 2015

CITY OF FORT BRAGG CITY CLERK

INFORMATION:

INSTRUCTIONS:

The Joint Powers Authority Agreement that created the Fort Bragg Fire Protection Authority in 1990 provides, in part, that: one member of the five member board shall be appointed jointly by the Board of Directors for the Fort Bragg Rural Fire District and the City Council of the City of Fort Bragg. The District Board and City Council shall consult with the Fort Bragg Volunteer Fire Department prior to selecting the jointly-appointed member. At its option, the Fort Bragg Volunteer Fire Department may submit one or more candidates for this position. Appointment to this Board would be for a two year term. Applicants need to live within the area of the Fort Bragg Fire Protection District. The Authority meets regularly on the fourth Tuesday of each month.

Please provide the information requested and any additional information you feel would Board/City Council in making their selection.	be useful to the Rural
Board/City Council in making their selection.	
NAME: Joseph L. Sutphin	
RESIDENT ADDRESS: 32380 Old Willits Rd.	
MAILING ADDRESS:	
HOME PHONE: BUSINESS PHONE: 489-56	56
BUSINESS ADDRESS: 90 W. Redwood Ave.	
OCCUPATION: Logging Supervisor	
E-MAIL ADDRESS: 150+phin a CAMpbell Global. COM	1
Brief statement:	
1. Why are you interested in serving as the jointly appointed member of the Fort Bra Authority?	agg Fire Protection
I believe in supporting the Community that	I
 List property owned, businesses owned or other financial interest you may ha Bragg or the Fort Bragg Rural Fire District. 	ive in the City of Fort
Home @ 32380 Old Willits Rd.	_

NOTE: If appointed, commissioners are required to complete Fair Political Practices Commission (FPPC) financial disclosure forms.

COMPLETED APPLICATIONS SHOULD BE RETURNED BY 5:00 PM, May 20, 2015 TO:

Cynthia M. VanWormer, MMC, City Clerk CITY OF FORT BRAGG 416 North Franklin Street Fort Bragg, California 95437

EDUCATION AND TRAINING

HIGH SCHOOL	_	LOCATION							
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NAMES OF COLLEGES/UNIVERSITIES ATTENDED:		Dates Attended	Course of Degree Study/Major Award					Date Degree Completed	
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3.						-			
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OTHER RELEVANT COURSES AND TRAINING		Names/Locations of Institution Length			th of Course		Date		
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4.									
(34)									
PROFESSIONAL LICENSE OR CERTIFICATE(s)		Serial No.	Date Issued		Expiration Date		tion Date		
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