



## Measure B Parcel Tax Oversight Committee Application

Name _____	
Address _____	
City _____	Zip Code _____
Preferred Phone # _____	Email _____
<i>Check Appropriate Box:</i>	
<input type="checkbox"/> Mountain View Whisman District Homeowner	
<input type="checkbox"/> Mountain View Whisman District Business Representative	
<input type="checkbox"/> Mountain View Whisman Parent or Guardian	
<input type="checkbox"/> Mountain View Whisman Community Member	
Site affiliation, if any: _____	
Are you qualified to vote in the Mountain View Whisman School District? (circle one) Yes No	
Do you agree to participate actively in this committee for a term of 2 years? (circle one) Yes No	
Signature: _____	Date: _____

**Statement:** Please write and attach a brief statement describing why you are interested in serving on the Measure B Parcel Tax Oversight Advisory Committee and how you represent the Mountain View Whisman School District community. Give specific details about your relevant financial management experience and/or school district experience, if any.

Applications can be mailed to: Mountain View Whisman School District, Attn: Dr. Robert Clark, Chief Business Officer, 1400 Montecito Ave, Mountain View, CA 94043 or faxed to 650-964-8907. If you have any questions, please call Dr. Robert Clark at 650-526-3500 or email at [rclark@mvsd.org](mailto:rclark@mvsd.org).

Dr. Robert Clark, CBO  
Mountain View Whisman School District  
1400 Montecito Ave, Mountain View, CA 94043  
Telephone: (650) 526-3500 FAX: (650) 964-8907