

**City of San Diego  
City Heights Redevelopment Project**

**Candidate Registration Form  
(Please Print and Check Appropriate Boxes)**

To the City Council and Redevelopment Agency of the City of San Diego:

I, \_\_\_\_\_, volunteer be nominated and appointed to fill a seat in the Project Area Committee for the City Heights Redevelopment Project Area.

I desire to be elected as a representative for the following interest category: (check one)

- Residential Owner-Occupant
- Residential Tenant
- Community Organization At-Large (representative must be a resident)
- Owner of a business or income property

I certify, that I reside or own a business or income property within the boundaries of the City Heights Project Area, I:

- am a residential tenant living in the property located at \_\_\_\_\_  
my mailing address is \_\_\_\_\_  
my home phone number and e-mail address are \_\_\_\_\_
- am a residential owner-occupant with property located at \_\_\_\_\_  
my mailing address is \_\_\_\_\_  
my home phone number and e-mail address are \_\_\_\_\_
- am a community organization representative (resolution or minutes designating such person) –  
resolution or minutes designating a representative/voter received \_\_\_\_\_  
organization address and telephone \_\_\_\_\_  
my residence address is \_\_\_\_\_  
my home phone number and e-mail address are \_\_\_\_\_
- am an owner of a business or income property whose name and address are \_\_\_\_\_  
my mailing address is \_\_\_\_\_  
my home & work phone numbers and e-mail address \_\_\_\_\_

My prior experience in community affairs and/or my other qualifications to serve on the City Heights Project Area Committee are as follows (attached additional sheet if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. I acknowledge that I have received a copy and read Project Area Committee Conflict of Interest Code Appendix A, Designated Positions Duties and Categories and Appendix B, Disclosure Categories. I understand, and agree, that if elected, I will comply with the requirements of the Political Reform Act, and, that failure to do so may be grounds for removal from the Committee. *(Initials\_\_\_\_\_)*

2. I acknowledge that I have received a copy and read Municipal Code Sections 27.3588 & 26.0440 and understand that enforcement of the Conflict of Interest Code and Political Reform Act lies with the San Diego City Clerk's Office and the City's Ethics Commission. *(Initials\_\_\_\_\_)*

3. I acknowledge that I am required to submit an annual Statement of Economic Interest (CA Form 700) as well as assuming-and leaving-office statements. (*Initials*\_\_\_\_\_)

4. I acknowledge that failure to comply with the above requirements may result in being subject to enforcement measures and/or fines being levied. (*Initials*\_\_\_\_\_)

Reference: Statement of Economic Interest (CA Form 700)

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Proof of Eligibility: \_\_\_\_\_

Staff Certification: \_\_\_\_\_

Dated: \_\_\_\_\_

*This information will be made available in alternate format upon request.  
Requests for accommodations need to be made 5 days in advance.*