



THE CITY OF SAN DIEGO

# Redistricting Commission Interest Form

Your Name: \_\_\_\_\_

Business Affiliation: \_\_\_\_\_

Home Address:  
(Including ZIP) \_\_\_\_\_

Address You are  
Registered to Vote:  
(Including ZIP) \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of  
Residence in  
City of San  
Diego: \_\_\_\_\_

Council District:  
(select one)      1   2   3   4   5   6   7   8   9

Are You a Resident of San Diego?    YES    NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THANK YOU FOR YOUR INTEREST IN SERVING OUR CITY GOVERNMENT.  
Please mail to: The Office of the City Clerk, 202 C Street, MS2A, San Diego, CA 92101