

## TEHAMA COUNTY REGIONAL TRANSPORTATION PLANNING AGENCY Application for Appointment as member of SOCIAL SERVICES TRANSPORTATION ADVISORY COUNCIL (SSTAC)

DATE:			
NAME:			
HOME ADDRESS:			
WORK ADDRESS:	Street	City	Zip Code
	Street	City	Zip Code
PHONE:	Home:	Cell:	Work:
EMAIL:			
establishmer regarding the elderly, hand Planning Ag accordance	nt of a social services transet transit needs of transit dicapped and persons of learney established the Social with Public Utilities Code	sportation advisory council t lependent and transit disadva imited means. Tehama Coun al Services Transportation A	ntaged persons, including the ty Regional Transportation dvisory Council (SSTAC) in Transportation Development Act
Please reque	est to represent (check one	<del>)</del> ):	
O	epresentative of a social so ne (1) representatives of l	local social service providers ervice transportation providers ocal social service providers ervice transportation provide	r, if one exists. for the disabled, including one

Describe why you wish to serve as a member on the Social Services Transportation Advisory Council. (*Use additional space if needed*)

Provide any additional information you believe will be helpful during the applicant review process. (Use additional space if needed)				
Signature:				