

APPLICATION FOR INCLINE VILLAGE MOBILITY COMMITTEE PUBLIC MEMBER

Purpose: This committee will advise on the public outreach process that will be used by a consultant conducting the Site Alternatives Analysis for the Incline Village Mobility Hub.

APPLICANT DETAILS

Applying for: Incline Village Mobility Committee Public Member				
First Name:				
Middle Name:				
Last Name:				
Cell Phone:				
Business Phone:				
Home Phone:				
Local				
Physical Address:				
City:				
State: Zip:				
Other				
Physical Address:				
City:				
State: Zip:				
Email:				
I am 18 years of age or older: Yes No				
I have participated in:				
TRPA Regional Transportation Plan Process				
TTD Transit Master Plan Process				
Incline Village General Improvement District Committee(s)				
Washoe County Committee(s)				
Other				

Can you attend evening meeting	gs? Ye	es No		
Availability Details:				
How much time do you spend ir	า Incline Villa	ge annually?		
Do you own or rent? Own	Rent			
If you own, is it a primary or sec	ondary/vacat	tion home:	Primary	Secondary/Vacation/STR
How long have you lived in Incli	ne Village/Cry	ystal Bay? _		
Job or Community Experience:				
Occupation:				
Company Name:				
Position:				
Education and Experience:				

What makes you a good candidate to be on the Incline Village Mobility Committee?

What is your knowledge of, or experience in, public engagement, planning, and public transit?

What do you feel is the most important contribution	you can make as a member of the Committee?
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What is your experience, specifically, with public transit in Tahoe?