

NOVATO SANITARY DISTRICT
APPLICATION FOR APPOINTMENT TO BOARD OF DIRECTORS

Electoral Division: 1

Application Deadline: June 22, 2026, 12:00 p.m.

Application must be received by the District Secretary by the stated deadline to be considered. Applications may be delivered in person or by mail to:

Board Member Appointment

**Attention: District Secretary
Novato Sanitary District
500 Davidson Street, Novato, CA 94945**

Or by email to: sandeepk@novatosan.com.

SECTION 1 — APPLICANT INFORMATION

This section to be redacted for public distribution except name.

Full Legal Name: _____

Residence Address (within District): _____

Mailing Address (if different): _____

Primary Phone: _____

Email Address: _____

Years residing in Novato: _____ Years residing in Marin County: _____

SECTION 2 — PROFESSIONAL BACKGROUND

Current Employer / Occupation: _____

Position Title: _____

Employer Location: _____

Prior Relevant Experience (if applicable):

SECTION 3 — EDUCATION AND TRAINING (Please describe)

SECTION 4 — COMMUNITY AND PUBLIC SERVICE (Please describe)

SECTION 5 — EXPERIENCE AND COMPETENCIES

- | | |
|---|---|
| <input type="checkbox"/> Public agency governance | <input type="checkbox"/> Legal, policy, or regulatory matters |
| <input type="checkbox"/> Budgeting, finance, or auditing | <input type="checkbox"/> Organizational leadership or management |
| <input type="checkbox"/> Infrastructure, utilities, or capital projects | <input type="checkbox"/> Community engagement or public communication |
| <input type="checkbox"/> Environmental compliance or regulation | |

Describe your most relevant experience

SECTION 6 — ADDITIONAL INFORMATION (Optional)

Optional attachments (max 2 pages total):

- Resume
- Letter of interest

SECTION 7 — SIGNATURE

By signing below, I certify that I am at least 18 years old and that I am a registered voter of Marin County residing in Electoral Division 1 of the Novato Sanitary District.

I also acknowledge that I am aware that the Board meets regularly on the 2nd Monday of each month at 5:30 PM and I am able to devote the time necessary to perform the duties of this body.

I am also aware that my name may be made public as an applicant for this body and that, if selected, I will be required to report investments, business positions and income from sources that are located in or doing business in the Novato Sanitary District in accordance with State and Federal laws.

Signature: _____ Date: _____