

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

DATE:			
NAME:			
HOME ADDRESS:	Street	City	Zip Code
WORK ADDRESS:			
ADDICESS.	Street	City	Zip Code
PHONE:	Home:	Cell:	Work:
EMAIL:			
Planning Ager accordance with (TDA). As rec	ncy established the Soci ith Public Utilities Code	CAC shall consists of the follo	dvisory Council (SSTAC) in Transportation Development Act
One (1) representative of poten	ntial transit users who is age	60 years or older
One (1)	representative of poten	ntial transit users who are hand	dicapped
	=	ocal social service providers ransportation provider, if one	_
) representatives of localive of a social service tr	al social service providers for cansportation provider	the disabled, including one
	subdivision (a) of Section		tation service agency, designated t Code, including one representative

Describe why you wish to serve as a member on the Soc (Use additional space if needed)	cial Services Transportation Advisory Council.
Provide any additional information you believe will be (Use additional space if needed)	helpful during the applicant review process.
Signature:	Date: