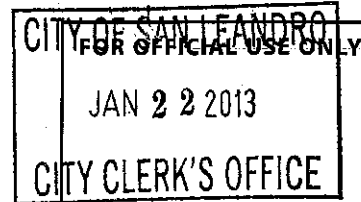


# CITY OF SAN LEANDRO BOARDS AND COMMISSIONS APPLICATION

I am interested in serving on the (may check more than one):

- |   |  |
|---|--|
| <input type="checkbox"/> Board of Zoning Adjustments    | <input type="checkbox"/> Human Services Commission       |
| <input type="checkbox"/> Library-Historical Commission  | <input type="checkbox"/> Personnel Relations Board       |
| <input checked="" type="checkbox"/> Planning Commission | <input type="checkbox"/> Recreation and Parks Commission |
| <input type="checkbox"/> Rent Review Board              | <input type="checkbox"/> Senior Commission               |

*Youth Advisory Commission applicants need to contact the Recreation and Human Services Department for an application.*



Name: Mr. LEUNG KAI T.  
Last First Middle Initial

Address: 15122 Shining Star Lane, San Leandro, Ca. 94579  
Street Address City State Zip

Email: a.a.m.s.99@yahoo.com

Telephone: Home ( 510 ) 351-0988 Business ( \_\_\_\_\_ ) Cellular ( \_\_\_\_\_ )

Present Employer: (Retiree) Telephone: ( \_\_\_\_\_ )

Address: \_\_\_\_\_  
Street Address City State Zip

How long have you been a resident of San Leandro? 15 years

For Rent Review Board applicants only, please indicate your representation:

- Tenant (Resident)  Landlord (Resident)  Landlord (Non-Resident)  Homeowner (Resident)

Have you ever served on a City of San Leandro Board or Commission?  Yes  No

If yes, please list the name(s) of the Board(s) and/or Commission(s) and the term(s) of office:

List the community organizations to which you belong or have belonged, including dates and offices held:

Delegate of San Leandro-Yangchun, China Friendship City Delegation, October, 2007

List any relevant education, training or experience, or other personal qualifications which would be an asset to a board or commission (attach a separate sheet if necessary): Bilingual Chinese: Read, write and speak both

Cantonese and Mandarin.

Please list any citations or notices you have received for violation of the San Leandro Municipal Code: \_\_\_\_\_

N/A

I certify that all statements contained in this application are true:

Signature Kai Leung Date 01/18/2013

Please mail your application to: City Clerk's Office, City of San Leandro, 835 East 14th Street, San Leandro, CA 94577

*Applications will be forwarded to the members of the City Council. Members will contact potential nominees directly.*