



Town Advisory Board (TAB)/ Citizens Advisory Council (CAC) Application

Name of the TAB/CAC Applying for: _____

TABs and CACs were created to assist the Board of County Commissioners in an advisory capacity with the decision-making process in the governance of the unincorporated towns and areas of Clark County. There are 8 TABs and 6 CACs that are appointed by the County Commission and 5 TABs that are elected. Each TAB or CAC consists of area residents that serve without compensation for two-year terms and attend regularly scheduled public meetings throughout the year.

Full Name: _____ Phone Number: _____

Email Address: _____

Home Address: _____

Mailing Address: _____

Employer: _____ Occupation: _____

Note: This document and accompanying materials become public record once received by Clark County.

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- To be eligible to serve, you must be both a qualified elector (eligible to vote) and a resident of the unincorporated town or area encompassed by the TAB or CAC. Before you continue, please indicate if you meet the eligibility requirements: Yes _____ No _____

- Meeting days, times, and frequency vary from one TAB/CAC to another. The schedules are listed here: https://www.clarkcountynv.gov/government/departments/administrative_services/town_liaison_services/tab_cac_information.php

If appointed, will you be able to attend meetings on a regular basis? Yes _____ No _____

- Have you attended a Planning Commission or County Commission meeting? Yes _____ No _____

- Have you attached the REQUIRED resume or letter of interest? Yes _____ No _____

For the following questions, please feel free to attach additional pages as necessary.

Have you attended a TAB or CAC meeting in Clark County? Yes _____ No _____

If so, which one and what was your experience? _____

Please list any boards or committees that you currently serve on: _____

Why are you interested in becoming a member of your TAB or CAC? _____

I verify by my signature below that all statements made on this application, as well as attached information, are true and complete to the best of my knowledge. I understand that an electronic signature has the same weight and effect as a handwritten signature. I understand that an incomplete application or any modifications to this application will not be accepted or considered.

Signature _____ Date _____

You can submit your application and resume/letter of interest by fax to 702-455-3558, by email to AdministrativeServices@ClarkCountyNV.gov or by mail to: Clark County Administrative Services
Attn: Agenda Coordinator
500 S. Grand Central Pkwy, 6th Floor
Las Vegas, NV 89155