

Application for appointment and background information for City of Stockton Boards, Submit Date: Aug 11, 2025  
Commissions, and Committees

Profile

Email Address

SusanFirst Name

HMiddle Initial

LenzLast Name

Street Address

StocktonCity

CAPostal Code

Ethnicity

Gender

What district do you live in? \*

☒ District 4

Primary Phone

Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

Employer

Job Title

Occupation

Employer Address

Are you currently serving on a City of Stockton Board, Commission, or Committee?

☐ Yes ☒ No

## Which Boards would you like to apply for?

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Measure A Citizens' Advisory Committee: Submitted

Question applies to multiple boards

**NOTE: This Board requires membership with one of the following groups. If none, please remove board from your application. Are you knowledgeable, have experience in, or extensive background in any of the following areas? Select all that apply. \***

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- ☒ Active in community activities significant enough to confirm knowledge of issues and individuals within the community
- ☒ Possess decision-making abilities
- ☒ Understanding of Ethnic/Gender Diversity
- ☒ Understanding of the Stockton Public Art Plan processes and implications for the City of Stockton
- ☒ Willingness to tolerate/promote change

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## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

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I am a lifelong Stockton resident and am very interested in continuing to serve my community.

**Please state the reason you would like to be a member of this board/commission.**

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I understand Measure A very well after serving on the City Council for 8 years. I and am very interested in continuing to serve my City.

**Have you served on an advisory group before?**

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☐ Yes ☒ No

**How did you hear about the position?**

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I heard about this from a councilmember who advised me of the vacancy.

**City Council Policy 3.03 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?**

☒ Yes ☐ No

**Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?**

☐ Yes ☒ No

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## **Background Information**

**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

☐ Yes ☒ No

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## **Voter Registration (Questions appear if required)**

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### **Submit Application**

**Please identify any specialized accommodations needed for equal participation:**

N/A

**Enter Your Initials:**

SHL

**Date Signed**

August 11, 2025