

**From:** [noreply@civicplus.com](mailto:noreply@civicplus.com)  
**To:** [City Clerk](#)  
**Subject:** [External]Online Form Submittal: Commission / Committee Application  
**Date:** Thursday, October 31, 2024 1:18:05 PM

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**Message from external sender. Use Caution.**

## Commission / Committee Application

The City currently has two active Commissions/Committees: the Planning Commission and the Measure Z Citizen Committee. All commissions/committees consist of five members who shall not be officials or employees of the City. Applicants for the [Planning Commission](#) shall legally reside within the City limits or be the owner of a business that is established and currently licensed within the City limits (LEMC Section 2.24.020). Applicants for the Measure Z Citizen Committee must legally reside within the City limits. Each commission/committee serves as an advisory body to the City Council on policy matters or reviewing specific issues as directed by the City Council or prescribed by law. Currently, all Planning Commissioners are appointed at-large by a City Council Subcommittee. However, members of the Measure Z Citizen Committee are appointed by district by their elected council representative.

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### Instructions

Please answer each question completely. This application will be maintained until December 31st of each year. After December 31st, it is necessary to file a new application for another year of eligibility. Please be advised that the City Clerk's Department uses Voter Registration information for verification of residency. **Note:** This application is subject to the Public Records Act and may be released to the public.

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### Additional Resources to Assist in Completing Application

- View a [map showing the City limits \(PDF\)](#).
- [Find out which City Council District you live in.](#)

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Commission / Committee    Planning Commission  
Applying For

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## Applicant Eligibility

City Resident

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## Applicant Information

First Name

MYLES

Last Name

ROSS

Address

[REDACTED]

City

LAKE ELSINORE

State

CA

Zip Code

92532

Phone Number

[REDACTED]

Email Address

[REDACTED]

Length of Residency in  
Lake Elsinore

12 YEARS

Length in California

64 YEARS

What City Council  
District do you live in?

DISTRICT 5

(Section Break)

## Business Information (if Applicable)

Business Name

*Field not completed.*

Business Type

*Field not completed.*

Business Address

*Field not completed.*

Lake Elsinore Business  
License Number

*Field not completed.*

Expiration Date

*Field not completed.*

Phone Number

*Field not completed.*

Date Business  
Established

*Field not completed.*

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## Education Information

Name of School Attended	UNIVERSITY OF PHOENIX
City & State	PHOENIX, AZ
Degree Earned	MBA
Number of Units Completed	<i>Field not completed.</i>
Name of School Attended	<i>Field not completed.</i>
City & State	<i>Field not completed.</i>
Degree Earned	<i>Field not completed.</i>
Number of Units Completed	<i>Field not completed.</i>
Certificates Attained	<i>Field not completed.</i>

(Section Break)

Do you have Economic Interests, such as income, investments, real or personal property, or outstanding loans which might present a potential conflict of interest?	No
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(Section Break)

## Work History

Current Employer	SELF
Address	<div></div>
Dates Worked	1/1/2012 - 10/31/2024
Position	BUSINESS BROKER
Duties Performed	BUSINESS SALES AND SERVICES
Previous Employer	<i>Field not completed.</i>

Address	<i>Field not completed.</i>
Dates Worked	<i>Field not completed.</i>
Position	<i>Field not completed.</i>
Duties Performed	<i>Field not completed.</i>

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#### References

Preferably local residents or stakeholders who are qualified to comment on your capabilities

Name	ROBERT BOB MCGEE
Address	ON FILE
Phone Number	
Name	BRIAN TISDALE
Address	ON FILE
Phone Number	
Name	TIM SHERIDAN
Address	ON FILE
Phone Number	

(Section Break)

#### Community Service Participation

Please describe types of service you have performed, if any.

Organization	NAACP BRANCH 1034/LAKE ELSINORE
Types of Service	CIVIL RIGHTS
Organization	<i>Field not completed.</i>
Types of Service	<i>Field not completed.</i>
Organization	<i>Field not completed.</i>
Types of Service	<i>Field not completed.</i>

Additional Documentation	Field not completed.
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Are you an Officer or Member of a policy-making board of a non-profit organization which receives funding from the City?	No
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If Yes, please list all organizations.

Organization	Field not completed.
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Position	Field not completed.
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Organization	Field not completed.
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Position	Field not completed.
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Organization	Field not completed.
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Position	Field not completed.
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Additional Information	Field not completed.
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Have you ever been convicted of violating any Federal, State, County or Municipal law, regulation or Ordinance, excluding minor traffic violations?	No
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If Yes, please explain.	Field not completed.
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(Section Break)

Why are you interested in serving on this Commission/Committee?	MY INTEREST IS TO CONTINUE TO SERVICE MY CITY IN THE CAPACITY AS A COMMISSION AND NUISANCE ABATEMENT DIRECTOR.
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Please list any qualifications you may have to serve on the Commission/Committee you are applying for, i.e.	MY QUALIFICATIONS ARE THAT OF AN EXPERIENCED CURRENT AND PAST PLANNING COMMISSIONER.
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education, related  
service or work  
experience, budgeting or  
financial experience,  
community involvement,  
etc.

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Please note

Appointees will be required to take an Oath of Office and file a completed Statement of Economic Interest form, if appointed to a position specified in the City's Conflict of Interest Code. Appointees are not considered to be City employees for purposes of benefits, such as workers compensation and health insurance.

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Applicant's Declaration and Signature

I certify under penalty of the perjury laws of the State of California that all information on this form is true and correct. By typing my name and the date completed on this form, I am affirming my intent to be a candidate for appointment to a Commission for the City of Lake Elsinore. If appointed I pledge to follow the laws of the City of Lake Elsinore, the policies as set forth by the City Council and to conduct myself in such a manner as to be a good representative of the City.

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Signature (Please type  
your name)

MYLES F ROSS

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Date

10/31/2024

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Email not displaying correctly? [View it in your browser.](#)