Community of Interest Form

COMMUNITY NAME: _____

Use the same Community Name if you are submitting a map online at https://districtr.org/event/Santa_Clara_County

1. What connects your community together or creates its shared identity? Are there common interests, concerns, or issues in your community? Describe how they are important:

2. Explain the geographic boundaries of your community of interest. What are the physical boundaries? Are there nearby areas you want to be with? Include any key landmarks such as parks, county facilities, schools, church, or other boundaries.

3. What are the reasons for your community of interest to be used in the redistricting process? Please describe how the decisions that the Board of Supervisors makes about county services impact on your community. (County services include housing, health care, elections, parks and recreation, child welfare, and public benefits)

4. What else would you like to tell us about your community? How would keeping your community intact enhance the quality of its representation and ability to influence the Board of Supervisors?

OPTIONAL INFORMATION: COMMUNITY OF INTEREST FORM

If you provide an email address, we can contact you for potential presentation to the Commission.

Name:	**Email:**
Which district do you live in?　District 1　District 2　District 3　District 4　District 5 **If you're not sure, look up your district at: https://eservices.sccgov.org/rov?tab=dt**	
Are you interested in presenting your submission to the Commission?　Yes　No	
Can we contact you with additional redistricting information?　Yes　No	

Submit Form