



CMRTA DIVISION III EXCHANGE IN EXPERTISE FORM

PLEASE PRINT INFORMATION BELOW

CITY NAME:	
CONTACT NAME:	
TELEPHONE & FAX NUMBER:	
CITY TYPE: CHARTER OR GENERAL LAW	
CITY POPULATION:	

Please describe in detail the particular problem you encountered in your City:

PLEASE CHECK ONE:

- We plan to attend the next CMRTA quarterly meeting and would appreciate a response at that time.
- We need a response as soon as possible: Name _____
Phone _____

CALL, FAX, MAIL, OR EMAIL

TO: CORINNE HOFFMAN
CITY OF HUNTINGTON BEACH
P O BOX 190
HUNTINGTON BEACH, CA 92648-0190
PH: (714) 536-5450 or FAX: (714) 536-5934
EMAIL:
choffman@surfcity-hb.org