

ALAMEDA COUNTY

REDISTRICTING2021

Community of Interest Form



IF #5 is marked yes, the volunteer should provide their name and signature here: _____

Please return completed form to Alameda County Redistricting c/o: Community Development Agency, 224 W. Winton Ave, #110, Hayward, CA 94542

REDISTRICTING2021

Community of Interest Form

1. Your name: Kim

Contact Information: kimh@hayward.org

2. Your community's name: Hayward

Today's Date 7/20/21

3. Tell us about your community. What are your shared interests?

What brings you together? What is important to your community?

Commitment to having more people who live and work here. Community events bring local residents together.

4. Are there nearby areas you want to be in a district with? Nearby areas you don't want to be in a district with? Why or why not?

Avoid Tri-Valley and Tri-Cities. Keep our manufacturing base with its jobs. Want to be in districts with St. Rose Hospital.

5. Did a Redistricting Volunteer assist you in completing this Community of Interest? YES NO

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