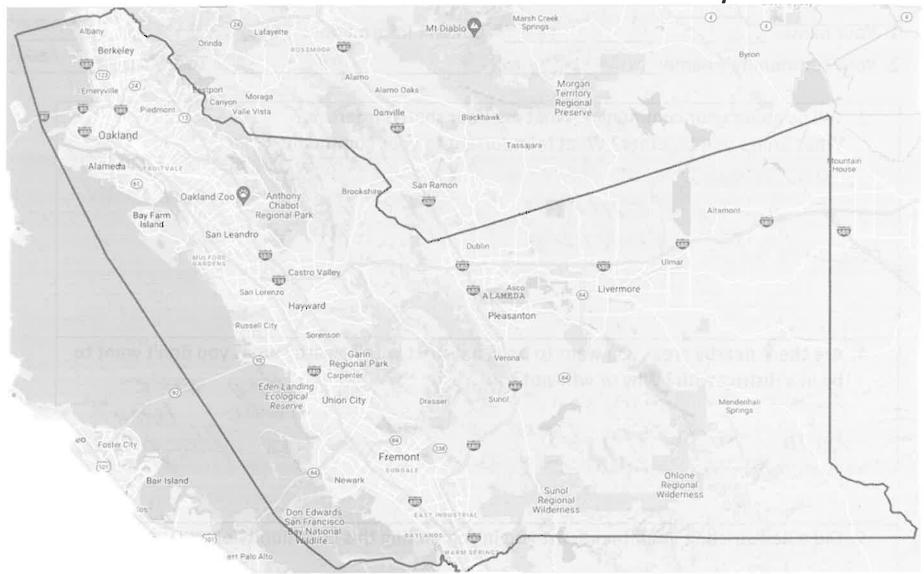
## REDISTRICTING2021

**Community of Interest Form** 



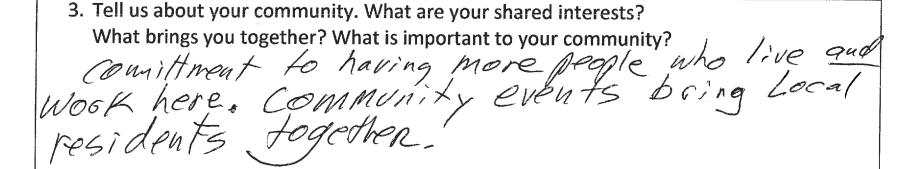
IF #5 is marked yes, the volunteer should provide their name and signature here:

ALAMEDA COUNTY

## REDISTRICTING2021

**Community of Interest Form** 

1.	Your name: MIN Contact Information:		
2.	Your community's name: Hayward	Today's Date	7/20/21
			7 7



- 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-Cities Adap our

  Avoid Tri-Cities Adap our

  Many facturing base with its Jobs Want

  Many facturing base with its Rose Hospital.

  HO be in districte aid St. Rose Hospital.
- 5. Did a Redistricting Volunteer assist you in completing this Community of Interest? YES NO

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