

**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: \_\_\_\_\_

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

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