YOLO LOCAL AGENCY FORMATION COMMISSION 625 Court Street, Suite 203 Woodland CA 95695

(530) 666-8048 lafco@yolocounty.org

www.yololafco.org



## ALTERNATE PUBLIC MEMBER APPLICATION FOUR-YEAR TERM – MAY 2017-2021

Completed application form must be returned to the LAFCo Office Applications may be sent via e-mail to <a href="mailto:lafco@yolocounty.org">lafco@yolocounty.org</a>, hand-delivered or mailed to 625 Court Street #203, Woodland CA 95695

## PLEASE PRINT OR TYPE

NAME:						
ADDRESS:						
HOME/CELL PHONE:						
EMPLOYER:						
OCCUPATION:						
WORK PHONE:						
EMAIL ADDRESS:						
Please complete the follow	ing questior	ns (attach a	additional pag	ges if necessary	<u>/)</u> :	
Are you currently a register	ed voter wit	thin Yolo C	ounty?	□yes	□no	
Are you currently an officer n Yolo County?	or employe □yes	e of a city, □no	county, speci	al district, or join	it powers author	ity
f so, are you willing to resig member appointment?	-	on (if neede yes	ed) to assume □no	e the LAFCo alte	ernate public	
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Please list any education/relevant training you have received:

Please list any community activities/interests that are relevant for this position:
Please summarize your qualifications to serve as a member of the Commission:
What is your general availability for day meetings (regular meeting times are generally the 4 <sup>th</sup> Thursday of the month at 9am in Woodland)?
Why are you interested in serving on the LAFCo Commission as a public board member?
Resumes and letters of recommendation/reference are not required, but will be accepted and should be attached to the completed application at the time of submission.