

LOCAL AGENCY FORMATION COMMISSION OF SANTA CRUZ COUNTY



CALL FOR:  
SPECIAL DISTRICT ALTERNATE MEMBER  
NOMINATION PERIOD CLOSES JUNE 7, 2019

**INSTRUCTIONS:**

If you are interested in serving as a special district alternate member on LAFCO, please complete and sign the following application and either mail, hand deliver, or email form to:

Mailing address:

LAFCO  
701 Ocean Street, Room 318-D Santa Cruz CA 95060

Email:

Debra Means, Commission Clerk  
debra@santacruzlafco.org

Applications must be received in the LAFCO office no later than **5:00 p.m. on Friday, June 7, 2019.**

Thank you for your interest in the Local Agency Formation Commission.

**NOMINEE INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(s): Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

District Board on which you currently serve on: \_\_\_\_\_

Previous Board, Commission, or Committee served:

Organization: \_\_\_\_\_

Term: \_\_\_\_\_

Organization: \_\_\_\_\_

Term: \_\_\_\_\_

Organization: \_\_\_\_\_

Term: \_\_\_\_\_

**STATEMENT OF INTEREST:**

You may attach separate documents, including a brief resumé, to present additional qualifications or provide a Statement of Interest in serving on LAFCO.

**CERTIFICATION:**

I certify that the information provided is true and correct, and I authorize the verification of the information in the application.

\_\_\_\_\_  
Printed Name of Board Member Interested in Serving on LAFCO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date