



Local Agency Formation Commission
2222 M Street
Merced, CA 95340
Phone (209) 385-7671 / Fax (209) 726-1710
www.lafcomerced.org

APPLICATION FOR LAFCO
"ALTERNATE PUBLIC MEMBER"

Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

REASON YOU ARE APPLYING FOR THIS POSITION:

Horizontal lines for writing the reason for applying.

WHAT QUALIFICATIONS DO YOU HAVE FOR THIS POSITION?

Horizontal lines for writing qualifications.

PROVIDE A BRIEF STATEMENT HOW YOU FEEL LAFCO CAN BALANCE ITS RESPONSIBILITIES TO PROVIDE FOR THE ORDERLY AND LOGICAL EXPANSION OF URBAN BOUNDARIES WHILE DISCOURAGING URBAN SPRAWL AND PRESERVING OPEN SPACE AND PRIME AGRICULTURAL LANDS.

Horizontal lines for writing a brief statement on urban expansion and agricultural lands.

Signature _____

Date _____