MERCED LOCAL AGENCY FORMATION COMMISSION

2222 M Street, Merced, CA 95340
PHONE (209) 385-7671 FAX (209) 726-1710
www.lafcomerced.org

ATTACHMENT B
NOMINATION FOR POSITION OF ALTERNATE SPECIAL DISTRICT MEMBER ON THE CONSOLIDATED COUNTYWIDE REDEVELOPMENT OVERSIGHT BOARD FOR MERCED COUNTY

INSTRUCTIONS:
If you or a member of your Board is interested in serving as the **alternate** special district member on the Consolidated Countywide Redevelopment Oversight Board for Merced County, please complete and sign the following application and mail or e-mail as a .pdf form with the signature of the district's presiding officer to:

Mailing Address:
Merced LAFCO
2222 M Street
Merced, CA 95340

Email:
KZinke@co.merced.ca.us

Nominations must be received in the LAFCO office (or by e-mail) no later than **5:00 p.m. on February 28, 2018.**

Please read the nomination form carefully and type your responses or print in ink. An electronic version is available online at www.lafcomerced.org

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My Name (First & Last): _____

Date Submitted: _____

Nominee Name: _____

Address: _____

Telephone(s): _____

Email: _____

Name of District Nominee Represents: _____

Date of Most Current Election/Appointment: _____

Date Term Expires: _____

Total years with District: _____

Statement of Interest: (The nominee may attach separate page(s) to present additional qualifications or a statement of interest in serving on the Oversight Board) SEE PAGE 2 FOR FILLABLE FIELD

CERTIFICATION: I certify that the above information is true and correct and I authorize the nomination.

_____ _____

Signature of Presiding Officer Making Nomination Date

Print & Sign OR Send via Email

This will be considered your signature.

Reset Form

Statement of Interest

Please describe any additional qualifications or a statement of interest in serving on the Oversight Board.