



Application for Appointment Alternate Public Member

NAME		
CONTACT INFORMATION		
	<i>Phone</i>	<i>Email</i>
EDUCATION BACKGROUND		
EMPLOYMENT <i>A resume may be attached</i>		
List any other boards, commissions, or committees you are now a member or have been in the past, including dates of service		
Please list community interests/activities		
Please summarize the qualifications you feel are related to service on the LAFCO Commission		
What is your understanding of the roles and responsibilities of the Commission?		

Why do you wish to serve on the Commission?	
Have you attended any meetings of the LAFCO Commission?	

Attach separate pages, if needed

I hereby certify that I am a registered voter in the State of California, County of El Dorado, a citizen of the United States and will be at least 18 years of age by the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury under the laws of the State of California, that the information on this application is true and correct.

I understand that no person appointed as a public member or alternate public member to El Dorado LAFCO may be an officer or employee of the County or any city or district with territory in the County (Government Code Section 56331).

I understand that if appointed to El Dorado LAFCO I will be required to comply with FPPC disclosure regulations and file annual statements of financial interests.

I acknowledge that the information provided in this application may become part of the public record and/or subject to the Public Records Act.

Signature: _____

Date: _____

Return To

lafco@edlafco.us

**1190 Suncast Ln, Suite 11
El Dorado Hills, CA 95762**

Applications will be kept on file for one year