

## Application for Appointment Public Member or Alternate Public Member

NAME (First, MI, Last)	
	Residence:
ADDRESS	
	Business:
TELEPHONE	Residence:
	Business:
E-MAIL ADDRESS	

(Attach separate sheet(s), if needed)

EDUCATIONAL BACKGROUND (Note: There is no specific education requirement.)	
<b>EMPLOYMENT</b> (Attach resume, if desired)	
	ds, commissions, or committees you are now a member or have been ing dates of service.
Diagona lint a surrow	
Please list commu	inity interests/activities.

Applications are due by: Friday, March 28, 2025 at 4:30 p.m.

Thank you for you	ir interest in the	Stanislaus Local	Agency Fo	ormation C	Commission.	Applications
vill be kept on file	for one year.					

Application for Public Member/Alternate Public Member Appointment

Please summarize the qualifications you feel are related to service on the Commission as a representative of the public.
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 Commission?
I hereby certify that I am a registered voter in the State of California, County of Stanislaus, and a citizer

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

> 1010 Tenth Street, Suite 3600 Modesto, CA 95354

Date:

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**Return To:** Stanislaus Local Agency Formation Commission (LAFCO)

Signature: