## APPLICATION TO FILL VACANCY OF PUBLIC OR ALTERNATE PUBLIC MEMBERS ON THE SUTTER COUNTY LOCAL AGENCY FORMATION COMMISSION

PLEASE TYPE OR PRINT LEGIBLY IN INK	DATE:
YOUR NAME:	
ADDRESS:	
DAYTIME PHONE NO.:	
PLEASE STATE YOUR QUALIFICATIONS AND/OR REASONS FOR WISHING TO SERVE ON THIS COMMISSION (attach a separate sheet if necessary):	
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You should be advised that the Commission may select to	interview applicants in a public Session.
If appointed, I commit to attending meetings and fulfilling the responsibilities associated with the appointment.	
Signature of Applicant	

PLEASE RETURN THE COMPLETED APPLICATION TO:

SUTTER COUNTY LOCAL AGENCY FORMATION COMMISSION
1130 CIVIC CENTER BLVD
YUBA CITY, CA 95993

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE LOCAL AGENCY FORMATION COMMISSION AT (530) 822-7400.