SAN JOAQUIN
LOCAL AGENCY FORMATION COMMISSION

LAFCo

509 West Weber Avenue Suite 420 STOCKTON, CA 95203

APPLICATION FOR ALTERNATE PUBLIC MEMBER ON THE SAN JOAQUIN LOCAL AGENCY FORMATION COMMISSION

Name: _____

Telephone: _____ _____
(Residence) (Business)

Residence Address: _____

Business Address: _____

Occupation: _____

Please state briefly your reason for wanting to serve on this Commission:

_____

_____

_____

Please state briefly your experience which you feel will be helpful when you serve on this Commission:

_____

_____

_____

Other information you would like to submit (A Resume may be attached, if you wish):

_____

_____

_____

Applicants must be a County resident. No person appointed as an Alternate Public Member shall be an officer or employee of the County or any City or special district at the time of appointment. Return application by **January 31, 2019** to San Joaquin LAFCo.

_____ _____
SIGNATURE Date

PHONE 209-468-3198 FAX 209-468-3199 E-MAIL jglaser@sjgov.org WEB SITE www.sjgov.org/commission/lafco