



LOCAL AGENCY FORMATION COMMISSION
 550 Main Street, Suite E. Placerville, CA 95667
 (530) 295-2707 · lafco@edlafco.us · www.edlafco.us

Application for Appointment Alternate Public Member

(Attach separate sheet(s), if needed)

POSITION FOR WHICH YOU ARE APPLYING			
NAME			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
ADDRESS	<i>Residence</i>		
	<i>Business</i>		
TELEPHONE			
	<i>Residence Number</i>		<i>Business Number Fax Number</i>
E-MAIL ADDRESS			
EDUCATION BACKGROUND			
EMPLOYMENT <i>(A resume may be attached, if desired)</i>			
List all 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?	

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.

Signature: _____

Date: _____

Return To

**LAFCO
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Applications will be kept on file for one year.