

County of El Dorado Boards and Commissions Appointment Form

DATE: _____

Clerk of the Board of Supervisors
County of El Dorado
330 Fair Lane
Placerville, CA 95667

RE: Board or Commission District Appointment

I would like to recommend the Appointment Reappointment of the following person to the

_____.

Salutation: Mr. Mrs. Ms.

Full Name of Appointee: _____

Address: _____

City/State/Zip: _____

Home Telephone: _____

Work Telephone: _____

Email Address: _____

Appointee will represent the Member Alternate position on this Board or Commission.

NOTE: Check this box only if this appointment will be filling an unexpired vacancy.

Board Member: _____

District: _____

For Clerk's Use Only

_____ Letter of Resignation on file.

_____ Vacancy Notice on file.

Term:

_____ years

Beginning Date: _____

Ending Date: _____