HECULES BOARD OF SUPERVISURE EL DORADO COUNTY

EL DORADO COUNTY APPLICATION FOR APPOINTMENT TO 260 UNIT 28 PM 2: 39 COMMISSIONS, COMMITTEES, OR ADVISORY BOARDS

This form is used for consideration of appointments made by the County Board of Supervisors. Please complete this form and attach a resume if available. Return completed form to:

Clerk of the Board of Supervisors County Government Center 330 Fair Lane Placerville, CA 95667

Committee	Commissio	n, Board or p	orinciple area of	interest:	
Application	by: <u>k</u>	laria	Quinte (Name)	20	-
Resident of	Supervisoria	al District:	·		-
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Why do you seek appointment?	
	36.
To Help the Latine	o communit
of El Dovado Co.	
Applicant's Name: Haria Quintero	
Mailing Address:	
Brawond Spring	S Ca 9561
Phone:	,
Decumpation & Title: Dag Manage	- 10 C1/s
Decupation & Title: Dep Manage- Employer: CVS Phar	22 = 211
Employer. CV3 47741	macy:
Other Remarks:	
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