

## County of El Dorado Boards and Commissions Appointment Form

DATE: 5/10/11

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  
El Dorado County Mental Health Commission \_\_\_\_\_.

Salutation: ☐ Mr. ☐ Mrs. ☒ Ms.

Full Name of Appointee: Maria Quintero

Address: \_\_\_\_\_

City/State/Zip: Diamond Springs, CA 95619

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: Supervisor Sweeney

District: 3

### For Clerk's Use Only

\_\_\_\_\_ Letter of Resignation on file.

\_\_\_\_\_ Vacancy Notice on file.

Term:

\_\_\_\_\_ years

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_