

Placer Local Agency Formation Commission
110 Maple Street, Auburn CA 95603
(530) 889-4097

ALTERNATE PUBLIC MEMBER

Name: _____

Residence Address: _____

Residence Telephone Number: _____

E-Mail Address: _____

Employer: _____

Business Address: _____

Business Telephone Number: _____

I am applying for the position of Alternate Public Member

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Please briefly describe your experience in local government and/or with local community organizations: _____

Please briefly describe your employment experience:

Please briefly describe your educational background:

On a separate page, explain why you are interested in serving on the Placer Local Agency Formation Commission, and how your appointment would be of benefit to the Commission and the community. Please do not exceed one page.

Signed: _____ Dated: _____

Applications must be received no later than 4:30 p.m. on February 4, 2020

Thank you for your interest in the Placer Local Agency Formation Commission.