TUOLUMNE COUNTY LOCAL AGENCY FORMATION COMMISSION

Application for the Position of Public Member or Public Alternate

If you are interested in serving as the Public Member or the Public Alternate on the Local Agency Formation Commission (LAFCO), please complete the following application and return it to LAFCO, 48 Yaney Avenue, Sonora, or mail it to 2 S. Green Street, Sonora, CA, 95370 or submit by email to dgonzalves@co.tuolumne.ca.us.

Applying for (check one):	Public Member only	Public Alternate only	Both
positions			
Name:			
Email:			
Telephone: Residence:	Business:	Mobile:	
Street Address:			
Mailing Address:			
Number of years you have live	d in the County:		
EXPERIENCE:			
Please list any Boards, Commi	ssions, or Committees on whi	ch you have served:	
Organization:		Term:	
STATEMENT OF QUALIFICA	TIONS:		
Please provide a brief stateme Commission and why you are		erested in serving on the Loca	Agency Formation

CERTIFICATION:

I certify that I am a resident of the County of Tuolumne.

I certify that I am not an officer or employee of the County of Tuolumne, City of Sonora, or any special district in Tuolumne County.

I certify that the above information is true and correct, and I authorize the verification of the information contained herein.

Signature	Date

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

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