

**Sacramento Local Agency Formation Commission**  
1112 I Street, Ste. 100, Sacramento, CA 95814  
(916) 874-6458 FAX: (916-874-2939)

**APPLICATION FOR PUBLIC MEMBER/  
ALTERNATE PUBLIC MEMBER**

Name: \_\_\_\_\_

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

Residence Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Business Telephone Number and Fax Number: \_\_\_\_\_

I am applying for the position of (check as appropriate):

Public Member

Alternate Public Member

=====

On an attached piece of paper, not to exceed one page, please respond to the following:

1. Briefly describe your experience in local government and/or with local community organizations.
2. Briefly describe your employment experience.
3. Briefly describe your educational background.
4. Explain why you are interested in serving on the Sacramento Local Agency Formation Commission, and how your appointment would be of benefit to the Commission and the community.
5. Provide any other information you feel would help the Commission in its deliberations.

=====

If appointed, I commit to attending meetings and fulfilling the responsibilities associated with the appointment.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please return completed application to the Sacramento Local Agency Formation Commission.

Applications must be received no later than 4:00 p.m. on January 5, 2011.