

**SANTA BARBARA  
LOCAL AGENCY FORMATION COMMISSION**

<p style="text-align: center;"><b>NOMINATION FOR <u>REGULAR</u> SPECIAL DISTRICT MEMBER</b></p> <p style="text-align: center;"><i>Return to:</i> Executive Officer Santa Barbara LAFCO 105 East Anapamu Street, Room 407 Santa Barbara CA 93101 or FAX to (805) 568-2249 or email to <a href="mailto:lafco@sblafco.org">lafco@sblafco.org</a></p>	<p>LAFCO STAFF USE</p> <p>Date Received: _____</p>
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Please print in ink or type

<b>POSITION SOUGHT:</b>	Regular Special District Member
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NAME OF NOMINEE: \_\_\_\_\_

NOMINEE'S DISTRICT: \_\_\_\_\_

MAILING ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

π  
Phone: Bus. \_\_\_\_\_, Cell: \_\_\_\_\_

SIGNATURE OF NOMINATOR:

\_\_\_\_\_  
Name of Independent Special District

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Nominator Title (please check one)**

Presiding Officer of the Special District Board

Presiding Officer's alternate as designated by Special District Board to vote or make a nomination in this election. (Gov. Code sec. 56332.)

**Date:** \_\_\_\_\_

**ADDITIONAL INFORMATION:** On this form or an accompanying letter, describe the nominee's personal interests, qualifications, experience, education, volunteer activities or community organization memberships that may bear on the nomination for the Regular Special District Member: This information will be distributed to all independent special districts.