

**SANTA BARBARA
LOCAL AGENCY FORMATION COMMISSION**

**NOMINATION FOR ALTERNATE SPECIAL
DISTRICT MEMBER**

Return to: Executive Officer

Santa Barbara LAFCO

105 East Anapamu Street, Room 407

Santa Barbara CA 93101

or FAX to (805) 568-2249 or email to lafco@sblafco.org

LAFCO STAFF USE

Date Received: _____

Please print in ink or type

POSITION SOUGHT: Alternate Special District Member

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 Alternate Special District Member: This information will be distributed to all independent special districts.