## FRESNO LOCAL AGENCY FORMATION COMMISSION APPLICATION FOR POSITION OF PUBLIC MEMBER AND/OR ALTERNATE PUBLIC MEMBER

If you are interested in serving as the Public Member or Public Alternate on LAFCO, please complete the following application and return it to LAFCO, 1401 Fulton Street, Suite 900, Fresno, CA 93721. The application deadline is 4 p.m. on Friday, April 26, 2024. Faxes and emails will NOT be accepted.

Please note that if you are now an officer or employee of the County or any city or district with territory in the County, you are not eligible to be a Public Member on the Commission.

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

I am applying for (CHECK ONE):

Public Member ONLY	
Public Alternate ONLY	
Either Position	

NAME:				
MAILING ADDRESS:	Street			
	City	State	Zip	
PHONE Home:		Business:		
Cell Phone: _				
EMAIL:				
LENGTH OF RESIDE	NCE IN AREA:	ARE YOU A REGISTER	RED VOTER?	
PRESENT OCCUPAT	ION:			
ARE YOU A U.S. CITI	ZEN?			
HAVE YOU EVER BEI	EN CONVITED OF A I	FELONY?		

PREVIOUS ELECTED POSITION	I, BOARD, COMMISSION, OR COMMITTEE SERVED:
<u>Organization</u>	<u>Term</u>
WORK / VOLUNTEER EXPERIEN	NCE:
<u>Organization</u>	<u>Term</u>
	<del></del>
BRIEFLY STATE WHY YOU WIS	H TO SERVE ON LAFCO:

PLEASE STATE EDUCATIONAL AND EMPLOYMENT BACKGROUND COPERTINENT:	<u>ONSIDERED</u>
IF YOU WISH, YOU MAY LIST REFERENCES IN TRHE SPACE PROVIDED	D BELOW:
STATEMENT OF QUALIFICATIONS:	
Please attach a brief statement indicating why you are interested in serving o Agency Formation Commission and why you are qualified for the appointment	
CERTIFICATION:	
I certify that I am not an officer or employee of the County of Fresno, any city County, or any district in Fresno County.	in Fresno
I certify that this information is true and correct and I authorize the verification information in the application in the event I am a finalist for the appointment.	of the
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Signature Date	

Page 3 of 3 Public Member & Public Alternate Member Application