



**TEHAMA COUNTY
LOCAL AGENCY FORMATION COMMISSION**

444 Oak Street Rm "I"
Red Bluff, CA 96080
Phone (530) 527-2200 Fax (530) 527-2655

APPLICATION FOR APPOINTMENT TO LAFCO COMMISSION

DATE _____ COMMISSION _____

NAME _____

RESIDENCE ADDRESS _____

MAILING ADDRESS (if different from residence) _____

TELEPHONE NUMBER _____

BUSINESS ADDRESS & PHONE NUMBER _____

OCCUPATION _____

WHAT QUALIFICATIONS DO YOU HAVE THAT WILL ASSIST THE COMMISSION OF YOUR CHOICE IN FULFILLING ITS FUNCTIONS?

HAVE YOU SERVED ON ANY CITY OF RED BLUFF, CITY OF CORNING, CITY OF TEHAMA, COUNTY OF TEHAMA- BOARD(S), COMMITTEE(S), COMMISSION(S) OR DO YOU SERVE A DISTRICT OR SPECIAL DISTRICT YES _____ NO _____

IF SO, PLEASE LIST THEM.

HAVE YOU RESEARCHED THE TIME COMMITMENTS ASSOCIATED WITH SERVING ON THIS COMMISSION? YES _____ NO _____

CAN YOU MEET THOSE COMMITMENTS? YES _____ NO _____

PLEASE COMMENT ON YOUR REASONS FOR SEEKING THIS APPOINTMENT.

Signature

NOTE: The selection process for a commissioner will be considered by LAFCo in open session.