

APPLICATION FOR THE PUBLIC MEMBER
ON THE SAN JOAQUIN LOCAL AGENCY FORMATION COMMISSION

Name:

Residence Address:

Bussiness Address:

Residence Telephone:

Bussiness Telephone:

Occupation:

Please state briefly your reason for wanting to serve on this Commission:

Please state briefly your experience which you feel will be helpful when you serve on the Commission:

Other informaiton you would like to submit (A resume may be attached if you wish):

Applicants must be a County resident. No person appointed as a Public Member shall be an officer or employee of the County or any City or any Special District at the time of appointment. Return application by March 21, 2025 to San Joaquin LAFCo.

Signature:

Date: