

**SANTA BARBARA  
LOCAL AGENCY FORMATION COMMISSION**

<p><b>NOMINATION FOR SPECIAL DISTRICT MEMBER</b></p> <p><i>Return to:</i> Executive Officer Santa Barbara LAFCO 105 East Anapamu Street, Room 406 Santa Barbara CA 93101 Or FAX to 647-7647</p>	<p>LAFCO STAFF USE</p> <p>Date Received: _____</p>
<p>Please print in ink or type</p>	
<p>POSITION SOUGHT:            Regular Member: <input type="checkbox"/>            Alternate Member: <input type="checkbox"/></p>	
<p>NAME OF NOMINEE:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Last                                  First                                  MI</p>	<p>NAME OF DISTRICT:</p> <p>_____</p> <p>_____</p>
<p>MAILING ADDRESS:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>TELEPHONE:</p> <p>Home: _____</p> <p>Bus: _____</p> <p>Fax: _____</p>
<p>ADDITIONAL INFORMATION: On this form <u>or</u> accompanying letter, describe the nominee's personal interests, qualifications, experience, education, volunteer activities or community organization memberships which bear on the nomination for Special District Member: This information will be distributed to all independent special districts.</p>	
<p>SIGNATURE OF NOMINEE:</p>	