



Local Agency Formation Commission for the County of Los Angeles
80 South Lake Avenue, Suite 870, Pasadena, CA 91101
Telephone: (626) 204-6500 Fax: (626) 204-6507

**APPLICATION FOR ALTERNATE PUBLIC MEMBER
LOCAL AGENCY FORMATION COMMISSION FOR THE COUNTY OF LOS ANGELES**

**Applications must be submitted to LAFCO no later than
Monday, June 10, 2019, at 5:00 p.m.**

Name:

Address:

Telephone:

e-mail:

Occupation:

Employer:

Qualifications:

Why do you wish to serve on LAFCO?

Are you available to meet on the second Wednesday of the month at 9:00 a.m. in downtown Los Angeles?

YES

NO



Have you attended LAFCO meetings?

YES NO

Are you a resident of Los Angeles County?

YES NO

Are you an officer, employee, or appointee to a commission/board of the County of Los Angeles or any city or special district (an agency of the state, formed pursuant to general law or special act, for the local performance of government or proprietary functions within limited boundaries) with territory in the County?

YES NO

If yes, name agency:

If selected by the Commission, would you be willing to resign or retire from your office, employment, or appointment by the County, city, or special district prior to your selection as the Alternate Public Member?

YES NO

If you need additional space, please attach extra sheets.

CONSENT ANND CERTIFICATION

I have reviewed the description of qualifications and duties for the position and am able to perform all duties and am willing to serve.

I understand that if appointed to Los Angeles LAFCO I will be required to comply with FPPC disclosure regulations and file annual statements of financial interests.

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

SIGNATURE:

DATE: