

YOLO
LOCAL
AGENCY
FORMATION
COMMISSION

625 Court Street, Suite 107
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www.yololafco.org



Yolo LAFCo Public Member Application Form

If you are interested in serving as the Regular and/or Alternate Public Member on the Yolo Local Agency Formation Commission ("LAFCo"), please complete the following application and return it to the LAFCo Office via e-mail at lafco@yolocounty.org. The application must be received by **noon on Monday, May 6, 2024**.

Please indicate which position(s) you are applying for (check all that apply):

| Position | Term | Y/N? |
|-------------------------|---------------------|------|
| Regular Public Member | Jul 2024 – Jan 2027 | |
| Alternate Public Member | Feb 2025 – Jan 2029 | |

PLEASE PRINT OR TYPE

NAME: _____

ADDRESS: _____

CONTACT PHONE: _____

EMPLOYER: _____

OCCUPATION: _____

EMAIL ADDRESS: _____

Please complete the following questions (attach additional pages if necessary):

Are you currently a registered voter within Yolo County? Yes No

Are you currently an officer or employee of a city, county, special district, or joint powers authority in Yolo County? Yes No

If yes, are you willing to resign that position (if needed) to assume the LAFCo public member appointment? Yes No NA

Are you available for morning meetings (regular meeting times are generally the 4th Thursday of the month at 9am in Woodland)? Yes No

Please summarize your qualifications to serve as a member of LAFCo:

Please list any relevant current and previous public boards, commissions, and committees served on, including years of service:

Please list any other community activities/volunteerism/interests that are relevant for this position:

Why are you interested in serving on the LAFCo Commission as a Public Member?

Is there anything else that you think would be relevant for LAFCo to take into account in considering your application?

I certify that this information is true and correct, and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Signature

Date

*Attach additional pages if necessary.
Additional information and references may be requested as a follow-up item.
Thank you for your interest!*