

# Sonoma Local Agency Formation Commission

575 ADMINISTRATION DRIVE, ROOM 104A, SANTA ROSA, CA 95403  
(707) 565-2577 www.sonomalafco.org

## APPLICATION: PUBLIC MEMBER

---

Candidates for the position of public member must complete this application and provide a current resume. If necessary, you may attach additional response pages. Please type or print in ink. All application materials must be received in the LAFCO office at 575 Administration Drive, Room 104A, Santa Rosa, CA 95404, on or before **August 15, 2018.** .

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Length of residence in Sonoma County: \_\_\_\_\_

Are you an officer/ employee of the County, a city or special district within Sonoma County? \_\_\_\_

Please describe your educational background: \_\_\_\_\_

---

---

---

---

Present occupation: \_\_\_\_\_

---

Employer Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Due to your current employment or occupation, do you anticipate any conflicts of interest regarding decisions you will be asked to make as a LAFCO member? If so, please explain.

---

---

---

---

---

---

List community service activities/memberships on boards, commissions, committees, including names of organizations and dates of service. You may attach additional pages or a resume, if desired.

---

---

---

---

---

---

---

---

Other interests: \_\_\_\_\_

---

---

---

---

---

Have you attended LAFCO meetings? If so, when? \_\_\_\_\_

---

---

Please explain your qualifications for the position and reasons for serving on Sonoma LAFCO.

---

---

---

---

---

---

---

---

---

---

From your perspective, explain the purpose of LAFCO, its role and responsibilities.

---

---

---

---

---

---

---

---

---

---

## CERTIFICATION

I certify that I am a resident of Sonoma County. I certify that I am not an officer or employee of the County of Sonoma, any city or any special district in Sonoma County.

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

I understand that, if appointed to Sonoma LAFCO, I will be required to comply with FPPC disclosure requirements and file annual statements of financial interests.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_