

# SONOMA LOCAL AGENCY FORMATION COMMISSION

111 SANTA ROSA AVENUE, SUITE 240, SANTA ROSA, CA 95404

(707) 565-2577

www.sonomalafco.org

## APPLICATION: PUBLIC MEMBER AND PUBLIC MEMBER ALTERNATE

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Candidates for the position of public member or public member alternate 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 on or before **Friday, April 15, 2022**.

Application For:  Public Member (Regular)  Public Member - Alternate

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

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

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

Phone (1): \_\_\_\_\_

Phone (2): \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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 Fair Political Practice Commission disclosure requirements and file annual statements of financial interests.

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