

**APPLICATION FOR APPOINTMENT**

**2021 Alternate Public Member Seat**

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Present Occupation: \_\_\_\_\_

Do you reside in Marin County? Yes \_\_\_\_\_ No \_\_\_\_\_

Summary of Qualifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you an employee or officer of any organization which is funded by or provides service to the County of Marin or any city or special in Marin County?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Please return to: Marin LAFCo  
1401 Los Gamos Drive, Suite 220  
San Rafael, CA 94903  
Fax: 415-785-7897  
[staff@marinlafco.org](mailto:staff@marinlafco.org)

Additional information may be attached.