Santa Barbara Local Agency Formation Commission

105 East Anapamu Street ◆ Santa Barbara CA 93101 805/568-3391 ◆ FAX 805/568-2249 www.sblafco.org ◆ lafco@sblafco.org

APPLICATION: PUBLIC MEMBER

Candidates for the position of Public Member and Alternate Public Member must complete this application and provide a supplemental resume. All application materials must be received by Santa Barbara LAFCO, 105 East Anapamu Street, Santa Barbara, CA 93101, on or before December 16, 2024 by 5:00 pm.

Also, you may email your application to lafco@sblafco.org.

DATE:			
NAME:			
ADDRESS:			
PHONE:			
E-MAIL:			
PRESENT OCCUPATION:			
Please consider this application for	r: Regular Member	Alternate Member	☐Either Position
Are you an officer or employee of or another local agency?	f the County, a City or Spe	ecial District within San	ta Barbara County
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.			
ORGANIZATION MEMBERSHIP	'(S):		
TWO (2) REFERENCES (NAME A	AND PHONE):		
Signature D	 Date		