



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 8/21/2017

From: Director of Health

Board of Supervisors Meeting Date: 08/29/17

Name of Board, Commission, or Committee: Animal Control Program Advisory Board

Name of Appointee: Leslie McDaniel (Citizen Representative)

Check one:

New Term

Reappointment

Filling an unexpired term (if checked, list who is being replaced and reason below)

Replacing which member:

TERM EXPIRATION DATE: 7/01/2019

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term:

Resignation of member

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE:

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI

Form Updated 05-15-13