



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office: Valerie Ralph

From: (BCC or District Office): EMS Bureau Chief/EMS Director

Board of Supervisors Meeting Date: 06/11/2019

Name of Board, Commission, or Committee: Emergency Medical Care Committee

Representing: Citizen

Name and Address of Appointee: Harry B. Robins, Jr.

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

Cell \_\_\_\_\_

Home \_\_\_\_\_

Email: \_\_\_\_\_

Check one:

New Term \_\_\_\_\_

Reappointment X

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

Replacing which member: \_\_\_\_\_

TERM EXPIRATION DATE: 6/30/2021

**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: \_\_\_\_\_