



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

From: Rocio Quezada, Civil Rights Office

Board of Supervisors Meeting Date: **January 8, 2019**

Name of Board, Commission, or Committee: Commission on Disabilities

Representing: Central California Alliance for Health

Name and address of Appointee: Lilia Chagolla

Phone Numbers

Cell:

Home:

Business

Email:

Terms 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: December 31, 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:

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

Form Updated 07-16-15