



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Denise Hancock @ \_\_\_\_\_ Date forwarded to Clerk: **01/04/13** \_\_\_\_\_  
Clerk of the Board's Office

From: (District or Committee) \_Area Agency on Aging/DSS\_\_\_\_\_

Board of Supervisors Meeting Date: \_\_\_\_\_ **01-15-13** \_\_\_\_\_

Name of Board, Commission, or Committee:

\_\_\_\_\_**Area Agency on Aging Advisory Council**\_\_\_\_\_

Name of Appointee: \_\_\_\_\_ Maria Kovell \_\_\_\_\_

Check one:

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

Reappointment \_\_\_\_\_

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

Replacing which member: \_\_Winifred Chambliss\_\_\_\_\_

**Maddy Act Regulations:**

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

Resignation of member \_\_\_\_\_X\_\_\_\_\_

Death of member \_\_\_\_\_

Member did not complete term \_\_\_\_\_

Other \_\_\_\_\_

TERM EXPIRATION DATE: \_\_\_**01-01-14**\_\_\_\_\_

Clerks use: \_\_\_\_\_ Web updated \_\_\_\_\_ Maddy Book updated \_\_\_\_\_ Added to Legistream agenda

Form Updated 10/13/08