



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: _____

From: (BCC or District Office): Spreckels Memorial District

Board of Supervisors Meeting Date: _____

Name of Board, Commission, or Committee: Board of Directors

Representing: Spreckels Memorial District

Name and address of Appointee: **Walan Chang**

Phone Numbers: Cell: _____

Home: _____

Business: _____

Email: _____

Terms Check one:

New Term X _____

Reappointment _____

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

Replacing which member: Scott Henningsen

NEW TERM EXPIRATION DATE: 12/31/2022_____

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 Expired 12/31/2018. No candidates filed for election.

TERM EXPIRATION DATE: 12/31/2018