



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: For Reappointment from All Board of Supervisors

From: (BCC or District Office): Representing All Districts

Board of Supervisors Meeting Date: _____

Name of Board, Commission, or Committee: Behavioral Health Commission

Representing: All Districts

Name and Address of Appointee: Brian Ferrante

Phone:

Cell _____

Home _____

Email Address: _____

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: 5/31/22

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