



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 11/9/15

From: (District or Committee) Director of Health

Board of Supervisors Meeting Date: December 8, 2015

Name of Board, Commission, or Committee: Animal Control Program Advisory Board

Name of Appointed: Mary Arnold

Check one:

New Term _____

Reappointment **X**

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

Replacing which member: _____

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: _____ 07-01-18 _____

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

Form Updated 05-15-13