NOTIFICATION TO CLERK OF APPOINTMENT

To: Denise Hancock @
Clerk of the Board's Office

Date forwarded to Clerk: November 20, 2017

From: (District or Committee) **District 4**

Board of Supervisors Meeting Date**:** **December 5, 2017**

Name of Board, Commission, or Committee: **East Garrison CSD Advisory Committee - Alternate**

Name of Appointee: **Elizabeth Silva**

Check one:

New Term **X**

Reappointment ____

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: **1/31/2020**