NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

From: Cindy Burnham

Board of Supervisors Meeting Date**:** August 31, 2021

Name of Board, Commission, or Committee: __Animal Control Program Advisory Board_____

Representing: __Health Director – At Large_____

Name and address of Appointee: Susan Salcedo

Terms Check one:

New Term: ____

Reappointment ___X ____

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

Replacing which member: _____

NEW TERM EXPIRATION DATE: ____July 1, 2024_____

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