



NOTIFICATION TO CLERK OF APPOINTMENT

To: Denise Hancock @ _____ Date forwarded to Clerk: **01/04/13** _____
Clerk of the Board's Office

From: (District or Committee) _Area Agency on Aging/DSS_____

Board of Supervisors Meeting Date: _____ **01-15-13** _____

Name of Board, Commission, or Committee:

_____**Area Agency on Aging Advisory Council**_____

Name of Appointee: _____ Linda Melendrez _____

Check one:

New Term _____

Reappointment _____

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

Replacing which member: ___Patricia Jones_____

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____X_____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: 01-01-14 _____

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

Form Updated 10/13/08