



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 11/26/2019

From: (Area Agency on Aging Advisory Council) 4th District Representative

Board of Supervisors Meeting Date: December 10, 2019

Name of Board, Commission, or Committee: Area Agency on Aging Advisory Council

Name and Address of Appointed: Howard Scherr_____

Telephone Number of Appointee: (Work) _____
(Cell) _____
(Home) _____
(e-Mail) _____

Check one:

New Term _____

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: January 1, 2023 _____

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

Form Updated 05-15-13