



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office: \_\_\_Denise Hancock\_\_\_\_\_

From: (BCC or District Office): \_\_\_Linda Gonzalez, COS, Supervisor Luis Alejo\_\_\_\_\_

Board of Supervisors Meeting Date: \_\_\_June 5, 2018\_\_\_\_\_

Name of Board, Commission, or Committee: \_In-Home Supportive Services Advisory Committee\_\_\_\_\_

Representing: \_\_\_\_\_ District 1\_\_\_\_\_

Name of Appointee: \_\_\_Mario Torres\_\_\_\_\_

Terms Check one:

New Term \_\_\_x\_\_\_

Reappointment \_\_\_\_\_

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

Replacing which member: \_\_\_\_\_

*TERM EXPIRATION DATE:* \_\_\_ June 30, 2021\_\_\_\_\_

**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:* \_\_\_\_\_