



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: Valerie Ralph

From: (BCC or District Office): American Medical Response (AMR)

Board of Supervisors Meeting Date: 06/11/2019

Name of Board, Commission, or Committee: Emergency Medical Care Committee

Representing: 911 EOA Ambulance Provider

Name and Address of Appointee: Florentino (Tino) Arellano, Operations Manager, AMR

Phone: Work: _____

Cell: _____

Home: _____

Email: _____

Check one:

New Term _____

Reappointment X

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

Replacing which member _____

TERM EXPIRATION DATE: 06/30/2021

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: _____