NOTIFICATION TO CLERK OF APPOINTMENT

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

From: (BCC or District Office): Monterey County Fire Chiefs' Association

Board of Supervisors Meeting Date**:** 05/25/21

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

Representing: ALS – Fire Districts (Primary Representative)

Name and Address of Appointee: Samuel Klemek, Deputy Fire Chief
Monterey County Regional Fire Protection District

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: 06/30/2023

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