



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office

Date forwarded to Clerk: **May 29, 2012**

From: (District or Committee) Supervisor Calcagno, District 2

Board of Supervisors Meeting Date: June 12, 2012

Name of Board, Commission, or Committee: Commission on Disabilities

Name and Address of Appointee: Alma Almanza

Telephone Number of Appointee: (Work)  
(Cell)  
(Home)  
(E-mail Address)

Check one:

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

Reappointment   X  

Filling a vacant term \_\_\_\_\_

Filling an unexpired term \_\_\_\_\_ (if checked, list who is being replaced, reason and term expiration date 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:** \_\_\_ Pleasure of the Board \_\_\_\_\_ (list unexpired term expiration date)