



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 8/5/2019

From: (In-Home Supportive Services – IHSS Advisory Council) Provider at Large

Board of Supervisors Meeting Date: August 27, 2019

Name of Board, Commission, or Committee: In-Home Supportive Services (IHSS) Advisory Council

Name and Address of Appointed: Linda Cortez _____

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

Check one:
New Term

Reappointment X

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: _____ June 30, 2022 _____

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