



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 06-20-14

From: (District or Committee) Area Agency on Aging Advisory Council

Board of Supervisors Meeting Date: July 1, 1013

Name of Board, Commission, or Committee: Area Agency on Aging Advisory Council

Name of Appointed: Tom Shields

Check one:

New Term _____

Reappointment _____

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

Replacing which member: Maria Kovell

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term:

Resignation of member XXX_____

Death of member _____

Member did not complete term XXX

Other _____

TERM EXPIRATION DATE: 01-01-17_____

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

Form Updated 05-15-13