



NOTIFICATION TO CLERK OF APPOINTMENT

To: Denise Hancock @
Clerk of the Board's Office

Date forwarded to Clerk: September 2, 2015

From: (District or Committee)

District 4, In-Home Support Services

Board of Supervisors Meeting Date:

September 15, 2015

Name of Board, Commission, or Committee: **In-Home Support Services**

Name of Appointee: **Alicia Gaines**

Check one:

New Term

Reappointment

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: 06-30-2018

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

Form Updated 10/13/08