



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: **1/8/2021**

From: (District or Committee): NATIVIDAD MEDICAL CENTER BOARD OF TRUSTEES - CLERK

Board of Supervisors Meeting Date: **1/26/2021**

Name of Board, Commission, or Committee: NATIVIDAD MEDICAL CENTER BOARD OF TRUSTEES

Name and Address of Appointee: FERNANDO ELIZONDO

Telephone Number of Appointee:

Check one

New Term: _____

Reappointment: X

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

Replacing which member: _____

TERM EXPIRATION DATE: _____ 1/2024 _____

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

Form Updated 10/13/08