



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: **6/13/16**

From: (District or Committee) **IHSS Advisory Committee**

Board of Supervisors Meeting Date: **6/28/16**

Name of Board, Commission, or Committee: **In-Home Supportive Services Advisory Committee; Representing Central Coast Center for Independent Living**

Name of Appointed: **Olivia Quezada**

Check one:

New Term **XXXX**

Reappointment _____

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

Replacing which member: **Olga Nevarez, CCCIL Representative**

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, 2019

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

Form Updated 05-15-13