



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 11/21/2019

From: **(In-Home Supportive Services – IHSS Advisory Council) Representing Monterey County Supervisorial District 1**

Board of Supervisors Meeting Date: December 10, 2019

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

Name and Address of Appointed: Juan Morales

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

Check one:

New Term

Reappointment

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

Replacing which member: ____Mario Torres_____

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 20, 2021_____

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

Form Updated 05-15-13