



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office

Date forwarded to Clerk: **7/14/2020**

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

Board of Supervisors Meeting Date: **7/28/2020**

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

Name and Address of Appointee: MARCIA ATKINSON

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:  7/31/2023

**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