

Marin Local Agency Formation Commission Regional Service Planning | Subdivision of the State of California

APPLICATION FOR APPOINTMENT

Regular Public Member Seat

Name:			
Telephone: (Home/C	Cell)	Work:	
	rinCounty? Yes No		
Employers Name a	nd Address:		
Present Occupation:			
Summary of Qualific	ation:		
Reason For Applying	:		
Please list organizat	ions of which you are an office	or employee:	
Please return to:	Marin LAFCO 1401 Los Gamos Drive, Su San Rafael, CA 94903 Fax: 415-785-7897	ite 220	

Additional information may be attached.

Jason Fried, Executive Officer 1401 Los Gamos Drive, Suite 220 San Rafael, California 94903 T: 415-448-5877 E: staff@marinlafco.org www.marinlafco.org

staff@marinlafco.org