

MARIN LOCAL AGENCY FORMATION COMMISSION

NOMINEE QUALIFICATIONS

Special District Representative

Nominated for: Alternate Representative \_\_\_\_\_ Regular Representative \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:

Employer's Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Occupation: \_\_\_\_\_

➤ Summary of Qualifications for Position:

➤ Reasons for Applying:

➤ Please list any organizations of which you are an officer or an employee:

Please return to: Marin LAFCO  
165 N. Redwood Drive, Suite 160  
San Rafael, CA 94903

\*Additional information may be attached.