

**APPLICATION TO FILL VACANCY
SUTTER COUNTY BOARD OF SUPERVISORS
BOARD OR COMMITTEE**

(PLEASE TYPE OR PRINT LEGIBLY)

NAME OF BOARD OR COMMITTEE ON WHICH YOU WOULD LIKE TO SERVE:

YOUR NAME: _____

ADDRESS: _____

DAYTIME PHONE NO.: _____ EVENING PHONE NO.: _____

SUPERVISORIAL DISTRICT: _____

PLEASE STATE YOUR QUALIFICATIONS AND/OR REASONS FOR WISHING TO SERVE ON THIS BOARD OR COMMITTEE (Attach a separate sheet if necessary):

IF APPOINTED, I COMMIT TO ATTENDING MEETINGS AND FULFILLING THE RESPONSIBILITIES ASSOCIATED WITH THE APPOINTMENT.

SIGNATURE

DATE

PLEASE RETURN COMPLETED APPLICATION TO:

CLERK OF THE BOARD
1160 CIVIC CENTER BLVD.
YUBA CITY, CA 95993
530-822-7106