

Peter Adam
Fourth District Supervisor



Fourth District Office
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COUNTY OF SANTA BARBARA






Date: September 13, 2017

Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara, CA 93101

RE: Committee, Commission or Board District Appointment

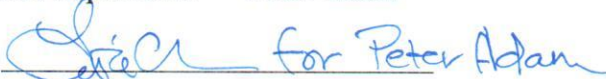
For placement on the Board of Supervisors agenda for the meeting of:
October 3, 2017

I would like to recommend the appointment/ reappointment of the following person to the:
Historic Landmark Advisory Commission

Salutation: Mr Mrs Ms.
Full Name of Appointee: Eileen Wyckoff
Address: 
City/State/Zip: 
Home Phone: 
Work Phone: 
E-mail: 

Appointee will represent the Fourth District on this commission.
Position was formerly held by:
 Check box only if this appointment is filling an unexpired vacancy.

Fourth District Supervisor: Peter Adam

Signed by:  for Peter Adam

COB Information Verification	
<input type="checkbox"/>	Letter of Resignation on file
<input type="checkbox"/>	Vacancy Notice on file
Term:	
<input type="checkbox"/>	_____ years
<input type="checkbox"/>	Beginning date _____
<input type="checkbox"/>	Ending date _____

APPLICATION FOR
COUNTY OF SANTA BARBARA
BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors
105 E. Anapamu Street, Room 407
Santa Barbara, CA 93101

DATE RECEIVED

Copy to Supervisor

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.

1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)

Historic Landmarks Advisory Com. (HLAC)

2. TODAY'S DATE:

14 Aug '17

3. NAME:

Wyckoff Eileen H

Last

First

Middle

*City

Zip Code

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION

8. Are you, or have you ever been, employed by the County of Santa Barbara?

No

Yes - if yes, list below

Department: no

Title: _____

Date: _____

9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):

Ethnic or Racial Identity:

White

African American

Hispanic

Asian/Pacific Islander

Native American/Alaskan Native

Other (please specify): _____

Sex:

Male

Female

10. EDUCATION COMPLETED:

BS

11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:

Supervisor Peter Adam

12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

on file

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

10 year incumbent

14. SIGNATURE OF APPLICANT:

Eileen H Wyckoff