SALUD CARBAJAL

First District Supervisor

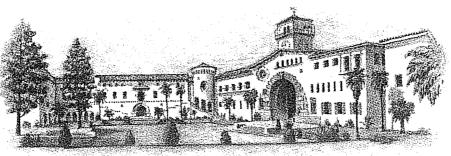
JEREMY TITTLE

Executive Staff Assistant

ARY ELLEN WYLIE

Administrative Assistant

ERIC FRIEDMAN
Administrative Assistant



COUNTY OF SANTA BARBARA

BOARD OF SUPERVISORS

105 East Anapamu Street Santa Barbara, California 93101

TELEPHONE: (805) 568-2186 FAX: (805) 568-2534

E-mail: supervisorcarbajal@sbcbos1.org

FEB 1 6 2010

Date: February 9, 2010 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: February 16, 2010 I would like to recommend the \(\sum \) appointment/ \(\sum \) reappointment of the following person to the Montecito Board of Architectural Review: \bowtie Mr Mrs Ms. Salutation: Full Name of Appointee: Bill Palladini 920 Buena Vista Ave Address: City/State/Zip: Santa Barbara, CA 93108 Home Phone: 805-565-0342 818-370-1692 Work Phone: bpal@verizon.net E-mail: Appointee will represent the First District on this commission. Position was formerly held by: Ray Ketzel Check box only if this appointment is filling an unexpired vacancy. First District Supervisor: Salud Carbajal

Signed by: The (persc)

COB Information Verification			
	Letter of Resignation on file		
	Vacancy Notice on file		
Term:			
	years		
	Beginning date		
	Ending date		

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE

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

☐ Copy to Supervisor

REPPSO

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per plication please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervise Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for anot				
year of eligibility. Please print in ink or type.				
1. APPLYING FOR: (Use specific title)	1	2. Today's Date:		
/ CONTECITO BOARD OF / FRCHITETU	AC/LEUIEW	17/17/09		
3. NAME:	4. E-MAIL A	ADDRESS:		
SILL PALLADINI Last First M	tle Do	(@ UENIZON-NET		
6. ADDRESS:	5. TELEPHO	- **		
920 BUENA VISTA AUE.	i	05-565-0342		
SAVA BARBARA (MONTICINO)	P308 Business:	218-370-1692		
City	Zip Code			
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.				
NAME ADDRESS	TELEPHONE NUMBE	ER , OCCUPATION ,		
AMICHAEL COONSY	969-1182	HITTORNEY		
B. MILE NOLING	969-0785	TRETINED		
C. DICK THIELSCHER	969-4816			
8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list: MPC County.				
Department:	Title:	Date:		
Please check appropriate boxes (optional):	10. Education completed:			
Ethnic or recial identify.				
	BA Econom	1C S		
☐ Hispanic☐ Asian/Pacific Islander☐	11. Indicate Supervisor who	will receive a copy of this application		
☐ Native American/Alaskan Native	PASSAT	1 :		
☐ Other (Please specify)	CAAUS/4V /7	t-L		
12. EXPERIENCE: Please explain why you are interested in serving a which you are applying. INTERESTED IN JENUIN SENUED & TENMS AT PASSIDSATOF FORE MEMBERS OF LAND US & COMM. AND COMMITTER. IN THOSE CAPACITIES I MEM MERTINGS + COUNTLESS MED (SOLE) ON COMMUNITY PLAN (SOLE)	AI A COMMU MINTECTO AISM JANENT NPANDE HANC ATTENDE NEEVINGS AND I HISO IHOUE HMD I BEUSUS /	INIT / EPRESINATIVE U., I YEAR AS COLAIR OF LANOUS O AT CEAST 40 NEGUX MUY ADDRESS E A GOOD I ELATIONSHII LAUE EARN 20 THEII		
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activitic community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee.				

THANKS.

Attach additional sheets as necessary.