Chandra L. Wallar County Executive Officer

> Michael H. Allen Chief Deputy Clerk of the Board



105 East Anapamu Street, Suite 407 Santa Barbara, California 93101 805/568-2240 • FAX 805/568-2249 www.countyofsb.org

## CLERK OF THE BOARD OF SUPERVISORS

December 3, 2012

To: Honorable Members, Board of Supervisors

From: Michael Allen, Chief Deputy Clerk of the Board Re: Administrative Item A-13, December 4, 2012 Agenda

Members of the Board,

Item A-13 on the December 4, 2012 agenda requests that the Board appoint qualified electors to serve on several (five) special district boards. The Board Letter lists 9 qualified electors who have submitted applications for the 12 available positions.

Attached to this memorandum are the applications of two additional applicants as follows:

Cuyama Community Services District – 4 Year Term Linda Proeber – 4741 Morales St., New Cuyama, CA 93254

Summerland Sanitary District – 4 Year Term David D. Novis – 2521 Banner Ave., Summerland, CA 93067

In the case of the application for the position on the Summerland Sanitary District, there are now two applications for one available 4 Year Term. The Board will be required to select one of the two applicants. An appointment of one member to this board will bring the total to five.

With respect to the Cuyama Community Services District, if the Board chooses to appoint the two applicants who have applied for positions to this body, there will be four total members out of five. Please contact me if you have any questions or concerns.

Mike Allen 568-2245

To: Cuyama Community Services. I am requisiting a seast on the I would like a chance to involved with our Comment and source on the

Board would Sine me The

Church to do so

My name in Linda Practer

Cenel my husband in Larry. Well

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Jacking forward to warrens with Jou as a Team member

## APPLICATION FOR

## 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

## DATE RECEIVED

2012 HOV -9 Fit 1: 42

COUNTY OF SAMIA BARBARA

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' 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 another year of eligibility. Please print in ink or type.

1. APPLYING FOR: ( Use specific title)	2. Today's Date:
SUMMERLAND SANITARY BO	
3. NAME:	4. E-MAIL ADDRESS: /
NOVIS ALAVID L	MIEL
Last First Mid-	delle
6, ADDRESS:	5. TELEPHONE:
2521 Banner Are Bo	OX 5 Home:
Number Street	- 10
Currocland A 9	306 7 Business:
City	Zip Code
7. References: Give names and addresses of three persons, not relati	tives, who have knowledge of your character, experience, commu-
nity involvement, and abilities.  NAME ADDRESS	TELEPHONE NUMBER OCCUPATION
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B. M. (1)	CFO
VINCUAN > BIA	11
c. Bob Handy	1 tetred
8. Are you or have you been employed by the County of Santa Barbar	ra? D YES 19 No If YES, list
Department:	Title: Date:
	10, Education completed:
Please check appropriate boxes (optional):  Sex:  Sex:	10. Educatori completed.
Diwhite	1 MBA
☐ Black (African American) ☐ Female ☐ Hispanic	11. Indicate Supervisor who will receive a copy of this application:
☐ Asian/Pacific Islander	1,01101-0
☐ Native American/Alaskan Native ☐ Other (Please specify)	Valud CarbaTel
12. EXPERIENCE: Please explain why you are interested in serving a	and what experience you bring to the Commission or Committee for
which you are applying.	i 0 14
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different Community	
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/N /FCC/2 , / D. 2 V - 1	U V
<ol> <li>ADDITIONAL INFORMATION: Give any information explaining you community organization memberships, or personal interests that bear</li> </ol>	our qualifications, experience, training, education, volunteer activities, ar on your application for above Board, Commission, or Committee.
Attach additional chapts as necessary	, , , , , , , , , , , , , , , , , , , ,
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Advisory Board.	
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14. SIGNATURE OF APPLICANT	
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