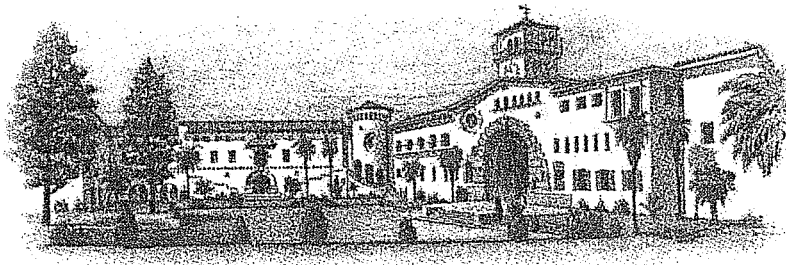


DOREEN FARR
Third District Supervisor



OFFICE OF THE
THIRD DISTRICT SUPERVISOR
County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2191
Fax: (805) 568-2883
www.countyofsb.org

COUNTY OF SANTA BARBARA

A-25

Date: October 27, 2009

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

For placement on the agenda for the meeting of: **November 10, 2009**

I would like to recommend the following for the appointment / reappointment to the
Air Pollution Control District Community Advisory Council

Name of Appointee: **Dr. Ingeborg Cox**
Address: 82 Warwick Pl
City/State/Zip: Goleta Ca 93117
Home Telephone: 805-968-1109
Work Telephone: 805-705-0589
Cell Phone:
E-mail: docoxie1@cox.net

Appointee will represent **Third District** on this committee.
Position was formerly held by: Vacant
Term expires: **December 31, 2012**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Steph Langsdorf for Doreen Farr

Clerk of the Board: Please send minute order to Linda Beard 805- 961-8853

Santa Barbara, CA 93101

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) **CAC APCD** 2. Today's Date: **10/21/2009**

3. NAME: **DR. COX Ingeborg E.** 4. E-MAIL ADDRESS: **docoxie1@cox.net**

6. ADDRESS: **82 WARWICK PI** 5. TELEPHONE: Home: **968-1109**
Goleta CA 93117 Business: **705-0589**

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 NUMBER	OCCUPATION
A. BARBARA Masey	7912 Winchuk Circle	685-5968	community activist
B. Jordan Firestone M.D., Ph.D., MPH	325 Ninth Ave Seattle WA, 98104	(206) 744-9382	Assistant Professor of Medicine Clinic Director OEM
C. Cecilia Brown	398 N. Kellog	967-7169	

8. Are you or have you been employed by the County of Santa Barbara? YES No If YES, list:
 Department: **County Clinics** Title: **Physician** Date: **2000-2002** (on/off) *substitute*

9. Please check appropriate boxes (optional)

Ethnic or racial identity:
 White
 Black (African American)
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan Native
 Other (Please specify) **White-Hispanic**

Sex:
 Male
 Female

10. Education completed:
 11. Indicate Supervisor who will receive a copy of this application:
DOREEN FARR

12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.
I already served once on the CAC APCD, from 2003-2005 representing the city of Goleta

13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.
I am a trained physician in family practice and have also broadened my knowledge after finishing a fellowship in Occupational and Environmental Medicine. I also obtained a Master in Public Health from U.W. I have frequently addressed the City Council of Goleta, Board of Supervisors of S.B. on the health effects of offshore emissions, air pollution, diesel exhaust and particulate matter.

14. SIGNATURE OF APPLICANT
 x **Ingeborg Cox**