



Fourth District Office

511 E. Lakeside Parkway, Suite 47 Santa Maria, CA 93455

COUNTY OF SANTA BARBARA

Date: January 19, 2022

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 1, 2022	,	×	9
I would like to recommend the Behavioral Wellness Commiss		t/ reappoin	tment of the following person to the
Salutation: Full Name of Appointee: Address:	☐ Mr Toree A	☐ Mrs ☑M nne Taatjes	Ms.
Appointee will represent the Position was formerly held. Check box only if this appears	by:		
Fourth District Supervisor:	Bob Nelson		
Signed by: Renefic	-		COB Information Verification
Signed by: New Time			☐ Letter of Resignation on file
1			☐ Vacancy Notice on file
for Supervisor Bob Nelson			Term:
R. I.I.	×		uyears
Dob Nuson			☐ Reginning date

□ Ending date __