

DOREEN FARR
Third District Supervisor



**OFFICE OF THE
THIRD DISTRICT SUPERVISOR**
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COUNTY OF SANTA BARBARA

Date: 11/20/15

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: 12/8/15

I would like to recommend the reappointment of the following person to the Mosquito & Vector Management of Santa Barbara

Salutation: Mrs
Full Name of Appointee: Cathy Schlottmann
Address:
City/State/Zip:
Home Phone:
Work Phone:
E-mail:

Appointee will represent the Third District on this commission.
Position was formerly held by:

X Check box only if this appointment is filling an unexpired vacancy.

Third District Supervisor: Doreen Farr

Signed by:

A handwritten signature in cursive script that reads "Doreen Farr".

COB Information Verification

- ☐ Letter of Resignation on file
- ☐ Vacancy Notice on file

Term:

- ☐ _____ years
- ☐ Beginning date _____
- ☐ Ending date _____

