



Fourth District Office

100 E. Locust Ave., Ste. 101 Lompoc, CA 93436 officeofpeteradam@countyofsb.org

COUNTY OF SANTA BARBARA

Date: February 14, 2018

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 27, 2018 I would like to recommend the \square appointment/ \boxtimes reappointment of the following person to the: Orcutt Trails Commission - TERM ENDING 12/31/2020 Salutation: \bowtie Mr \bowtie Mrs \bowtie Ms. Full Name of Appointee: Aaron Sturges-Melby Address: City/State/Zip: Home Phone: Work Phone: E-mail: Appointee will represent the Fourth District on this commission. Position was formerly held by: Check box only if this appointment is filling an unexpired vacancy. Fourth District Supervisor: Signed by: Supervisor Peter Adam COB Information Verification ☐ Letter of Resignation on file

☐ Vacancy Notice on file

☐ Beginning date _____

u _____years

☐ Ending date ____

Term:

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE

Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101 DATE RECEIVED

□ Copy to Supervisor

Instructions:	Please	complete	each	section	below.	Be s	sure	to	enter	the	title o	f the	Board,	Commis	sion o	r Comm	nittee	(only	one p	er
application) 1	for which	th you des	ire co	nsiderati	on in B	ox 1.	For	moi	re cor	mple	te infor	matic	on or as	sistance,	conta	ct the C	lerk o	f the	Board	of
Supervisors. I	Please p	rint in ink	or typ	e. Please	e note t	hat A	LL in	forn	natio	n pro	vided is	s a m	atter of	public re	cord, a	nd is su	bject (to disc	losure	

 APPLYING FOR: (Use Specific Title of Boa 	rd, Commission or Committee)		2. TODAY'S D	ATE:
Orcut Trails	Commission	^		12	- 16 - 16
3. NAME:				4. E-MAIL AD	DRESS:
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Last	First	Middle			
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,				3. IELEPHONE	
				Home:	
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City	an of there (2) is distant.	Zip Code			
REFERENCES: Give names and address involvement, and abilities.	es of three (3) individuals (not relatives) who	have knowled	ge of your ch	aracter, experience, commu
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3. Are you, or have you ever been, employed	11 11 0 1 10				
Department:	Title:				□ Yes - if yes, list below
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