



County of Santa Cruz

CLERK OF THE BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4073

(831) 454-2323 FAX: (831) 454-2327 TDD/TYY: call 711

April 4, 2016

Fire Department Advisory Commission
Ginny Petras, CDF
6059 Highway 9
Felton, CA 95018

COMMITTEE: Fire Department Advisory Commission

Dear Ginny (or Committee Staff, Chairperson and/or Member):

The Clerk of the Board maintains a roster containing information regarding membership, appointments and expiration terms as well as other facts relating to the County committees, commissions, boards and task forces. Periodically, this information changes and the roster needs to be updated.

In order to maintain an updated information base, please inform me of any changes which may have occurred during the past year, particularly in these areas: **chairs, meeting dates, times and location of meetings, officers, recent resignations and goals of the organization.**

Attached, please find the **Committee/Commission Update** form and, if applicable, the **Notification of Vacancy** form. Feel free to use this form during the year to notify me of any future resignations.

Please fill out the enclosed forms and return them to me, at your earliest convenience via email, inter-office mail, and fax or by the US Postal mail service. If you do not have access to this information, please forward this letter to the Chairperson/Vice-chairperson, Secretary – preferably a member in good standing– or an appropriate staff person who will be able to provide the requested information.

Thank you for your assistance.

Best,

CHERYL M. WILLIAMS, Senior Board Clerk

Return documents

Clerk of the Board of Supervisors

Attn: Cheryl M. Williams

701 Ocean Street, Room 500

Santa Cruz, CA 95060

(831) 454-2326

Fax (831) 454-2327

Email: cheryl.williams@santacruzcounty.us

ANNUAL COMMITTEE/COMMISSION
UPDATE FOR 2016-2017

Return to:

Clerk of the Board of Supervisors
Cheryl M. Williams, Board Clerk
701 Ocean Street, Room 500
Santa Cruz, CA 95060
454-2326, Fax. 454-2327

NAME OF COMMITTEE/COMMISSION

CHAIRPERSON

DATES OF CHAIRMANSHIP

From _____ to

COUNTY CONTACT PERSON

_____ Phone No. _____

MEETING DAYS OF MONTH

MEETING TIMES

MEETING PLACE

MAILING ADDRESS OF COMMITTEE/COMMISSION, IF APPLICABLE

PHONE NUMBER, IF APPLICABLE

FUNCTION OF COMMITTEE, GOALS, ETC. (Brief) IF DIFFERENT FROM LAST YEAR

NOTIFICATION OF VACANCY

For Committees, Commissions and Boards

Please return to:
Clerk of the Board of Supervisors
Attn: Cheryl M. Williams
701 Ocean Street, Room 500
Santa Cruz, CA 95060
454-2326, Fax. 454-2327

INSTRUCTIONS TO CHAIRPERSON: Please complete and return this form immediately when a vacancy occurs on your committee/commission, due to a member resigning, or whose term has expired, or who has been asked to withdraw from service because of excessive unexcused absences, etc. This information will enable us to post and fill these vacancies in a more timely manner. If you need, please feel free to photocopy this form.

COMMITTEE NAME _____

MEMBER LEAVING COMMITTEE _____

MEMBER'S ADDRESS _____

DATE VACANCY OCCURRED _____

CAPACITY IN WHICH MEMBER SERVED (which district and/or representative of which category, etc.)

REASON FOR LEAVING _____

WHEN DID MEMBER SERVE? FROM _____ TO _____