

**CONTRA COSTA
LOCAL AGENCY FORMATION COMMISSION (LAFCO)**

40 Muir Road, 1st Floor ♦ Martinez CA 94553
♦ Phone: (925) 313-7133 ♦ Email: LouAnn.Texeira@lafco.cccounty.us

APPLICATION FOR PUBLIC MEMBER ALTERNATE

Name: _____

Address: _____

Phone: _____

E-mail: _____

Employer/Occupation: _____

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1. Please briefly describe your experience in local government and/or with local community organizations: _____

2. Please briefly describe your employment background (you may attach a *brief* resume, if desired): _____

3. Please briefly describe your educational background: _____

4. Please briefly summarize why you wish to serve on LAFCO and your qualifications to serve as a member of the Commission (you may attach a one-page statement, if desired): _____

*Applications must be received in the LAFCO office by **5:00 pm on February 29, 2024.**
Thank you for your interest in the Contra Costa LAFCO.*