



ALAMEDA COUNTY BOARDS AND COMMISSIONS
APPOINTMENT/REAPPOINTMENT FORM

DATE: February 2, 2021
TO: Each Member, Board of Supervisors
FROM: Board of Supervisors
SUBJECT: Appointment to the Measure A Citizen Oversight Committee

It is my recommendation that the Board accept the Nomination of:

Mr. Colin Arnold
(NAME OF APPOINTEE)

Measure A Citizen Oversight Committee
(NAME OF BOARD OR COMMISSION)

4 year(s)
(TERM OF OFFICE)

THE VACANCY WAS CREATED BY: RESIGNATION (Attached)
 EXPIRATION OF TERM
 REAPPOINTMENT
 VACANCY
 OTHER (Information Attached)

WAIVER OF 12 YR. TERM LIMIT REQUESTED: YEARS SERVED: 0

THIS APPOINTEE IS REPLACING: Al Murray (Name of current seat holder - if applicable)

QUALIFICATIONS FOR APPOINTMENT:

BOARDS AND COMMISSIONS APPLICATION OR RESUME ATTACHED

STAFF CONTACT: Melissa Male PHONE NUMBER: (510) 272-6695

APPOINTEE CONTACT INFORMATION
(If new appointee or info requires update)

HOME ADDRESS: _____ CITY Berkeley ZIP CODE 94702

TELEPHONE NUMBER (HOME) _____ (CELL) _____ (WORK) _____

FAX NUMBER _____ EMAIL ADDRESS _____

cc: Clerk, Board of Supervisors