

Date:

To: Each Member, Board of Supervisors

From: Name of Staff Liaison, Title, Agency/Department

Subject: (Example – Appointment to the Child Planning Council)

It is our recommendation that your Board accept the _____ of:

(Name of Appointee)

(Name of Board or Commission)

(Term of Appointment)

The vacancy was created by: resignation (attached)
 expiration of term
 reappointment
 vacancy
 other (information attached)

This appointee is replacing: _____ (seat # or name of current seat holder - if applicable)

Qualifications for appointment: _____ (resume also attached)

Staff Contact: _____ Phone Number: _____

Appointee's Contact Information (if applicable)

Home Address: _____ City _____ Zip Code _____

Telephone Number (home) _____ (cell) _____ (work) _____

Fax number _____

Email address _____

cc: Clerk, Board of Supervisors