

NOTICE OF VACANCY

Interested persons are hereby notified that pursuant to Government Code §1780 there is a vacancy on the Alto Sanitary District Board of Directors.

The position to be filled completes a 4-year term ending December 2018. Therefore, the seat will go to election in November 2018.

Applications are available at the Sewerage Agency of Southern Marin Office located at:

450 Sycamore Avenue
Mill Valley, CA 94941

Phone: 415-388-3696 (Alto District)

Website: www.altosanitarydistrict.org

Applications are due by: 08/22/17, 5PM, PST.

This district board has 60 days from the date the board is notified of the vacancy or the effective date of the vacancy, whichever is later, to fill the vacancy by appointment or call a special election. Gov. Code §1780

Pursuant to Government Code §1780, this notice will be posted for at least 15 days in 3 or more conspicuous locations in the district beginning 07/18/17.

APPLICATION FOR APPOINTMENT TO ALTO SANITARY DISTRICT BOARD VACANCY

Instructions

If you are interested in serving on the Alto Sanitary District Board of Directors, please complete this application and return it to: Alto Sanitary District, attn: District Manager Bill Hansell via email to manager@altosanitarydistrict.org, or via post to: Alto Sanitary District, PO Box 163, Mill Valley, CA 94942.

Date Due: 08/22/17 (NOTE: Must be received by 5PM PST)

Please direct any questions to the District Manager, Bill Hansell, at: 415-388-3696 or manager@altosanitarydistrict.org.

You will be advised by the district board if your appointment is confirmed. Thank you for your interest.

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DISTRICT: ALTO SANITARY DISTRICT DATE: _____

NAME: _____ AGE (optional): _____

RESIDENCE ADDRESS: _____

BUSINESS OR MAILING ADDRESS: _____

PHONE (DAYTIME): _____ PHONE (EVENING): _____

E-MAIL: _____

EDUCATION			
Institution	Major	Degree	Year

WORK / VOLUNTEER EXPERIENCE				
Organization	City	Position	From	To

STATEMENT OF QUALIFICATIONS:

Please briefly describe your qualifications and why you are interested in serving on the Board of Directors.

CERTIFICATION:

I certify that the information contained in this application is true and correct. I authorize the verification of the information in this application.

Signature

Date