



# COLUSA COUNTY BOARD OF SUPERVISORS APPLICATION TO FILL A VACANCY

**UPON COMPLETION RETURN TO:**  
**Clerk to the Board of Supervisors**  
**547 Market Street, Suite 102**  
**Colusa, CA 95932**  
**(530) 458-0508**  
**cocolusa@countyofcolusa.org**

Office Use Only  
Date Stamp

## APPLICANT INFORMATION

NAME OF COMMITTEE/COMMISSION/DISTRICT/OTHER:

NAME OF APPLICANT:

LIST YOUR PHYSICAL AND MAILING ADDRESS IF DIFFERENT:

CITY:

PHONE:

E-MAIL:

SUPERVISORIAL DISTRICT: (Circle One. If you do not know your Supervisorial District please note, or list your County Supervisor's name.)

**1**  **2**  **3**  **4**  **5**

**Notes:**

*LIST ANY QUALIFICATIONS AND/OR REASONS YOU WISH TO SERVE ON THIS COMMITTEE:*

**Office Use Only:**

APPOINTED  TERM DATE: \_\_\_\_\_

FILLING UNEXPECTED VACANCY

NOT APPOINTED  NOTES: \_\_\_\_\_

DATE LETTER SENT WITH CERTIFICAT OF APPOINTMENT AND OATH OF OFFICE: \_\_\_\_\_

DATE ENTERED INTO ACCESS: \_\_\_\_\_

SCANNED INTO LASERFICHE \_\_\_\_\_