



**Placer County Independent Special District Selection Committee**  
**Nomination Form**  
**Alternate Member**

Please use this form to nominate a director on a Placer County Independent Special District board to run for the upcoming vacant alternate member seat on the LAFCO Commission.

| Nominee's Name | Position of Nominee | Originating District |
|----------------|---------------------|----------------------|
|                |                     |                      |

Name of Nominating District: \_\_\_\_\_

Printed Name of Presiding Officer: \_\_\_\_\_

Signature of Presiding Officer: \_\_\_\_\_  
(Signature Required)<sup>1</sup>

- ☐ Minutes Attached (Optional)  
☐ Statement of Qualifications Attached

Please email completed nomination forms to [lafco@placer.ca.gov](mailto:lafco@placer.ca.gov)

by **Thursday, July 10, 2025, at 4 PM**

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<sup>1</sup> The nominating district's presiding officer must sign this form unless the district's board has delegated authority to another person to nominate a director on behalf of the district. If this form is signed by such a delegee, please include the district's meeting minutes or minute order evidencing the delegation.