

# LAFCO

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## Santa Barbara Local Agency Formation Commission

105 East Anapamu Street ♦ Santa Barbara CA 93101

805/568-3391 ♦ FAX 805/568-2249

www.sblafco.org ♦ lafco@sblafco.org

January 10, 2019

TO: Presiding Officers of Independent Special Districts

Subject: Nominations for one Regular and one Alternate Special District Member to Santa Barbara LAFCO

### CALL FOR NOMINATIONS FOR LAFCO REGULAR AND ALTERNATE SPECIAL DISTRICT MEMBERS

As a result of the November 6, 2018 General Election, there are two Special District vacancies on the Commission. Based on past experience, the LAFCO Executive Officer has determined that a meeting of the Special District Selection Committee is not feasible and will conduct the business of the committee by mail. Nomination forms are attached to this notice.

- 1) **Nominations for the one LAFCO Regular and one Alternate Special District Member.** There is currently one vacancy for the Regular Special District Member and one vacancy for the Alternate Special District Member. The terms of office end on March 1, 2022 and March 1, 2020, respectively.
- 2) **Voting Requirements:** The Special District Selection Committee, comprised of the presiding officers, or designee, of the 38 independent special districts in Santa Barbara County, needs to elect one Regular and one Alternate LAFCO Special District member.
- 3) **Nomination Period and Voting Period:** There will be a nomination period, that will end on February 28, 2019. Following the nomination period, ballots containing the names of qualified nominees, will be mailed to each eligible special district. Mailed ballots will also include voting instructions to each eligible district. The voting period would be up to 45 days. This will be followed by the tabulation of votes and the election of the top vote getters to the vacant seats. During the interim, LAFCO will operate with only one Regular Special District Member.

**Nomination Process:** The Presiding Officer of each Independent Special District is authorized to nominate a Regular Special District Member and Alternate Special District Member. The legislative body of the district shall authorize the presiding officer to sign the nomination form. Please fill out two forms if there are nominations for a Regular Special District Member and Alternate Special District Member.

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**Call for Nominations for one LAFCO Regular Special District Member and one Alternate Special District Member:**

Nominations for one Regular Special District Member and one the Alternate Special District Member should be submitted to the LAFCO Executive Officer, at the following address, faxed, or emailed **no later than 5:00 pm, Thursday, February 28, 2019.** Nomination forms are attached to this notice.

**Santa Barbara Local Agency Formation Commission**  
105 East Anapamu Street Room 407  
Santa Barbara CA 93101  
FAX 805/568-2249  
Email Address: [lafco@sblafco.org](mailto:lafco@sblafco.org)

Please contact the LAFCO office if you have any questions.

Sincerely,



PAUL HOOD  
Executive Officer

**SANTA BARBARA  
LOCAL AGENCY FORMATION COMMISSION**

<p style="text-align: center;"><b>NOMINATION FOR <u>REGULAR</u> SPECIAL DISTRICT MEMBER</b></p> <p style="text-align: center;"><i>Return to:</i> Executive Officer Santa Barbara LAFCO 105 East Anapamu Street, Room 407 Santa Barbara CA 93101 Or FAX to 568-2249</p>	<p>LAFCO STAFF USE</p> <p>Date Received: _____</p>
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Please print in ink or type

POSITION SOUGHT:                      Special District Member

NAME OF NOMINEE:

NAME OF DISTRICT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS:

TELEPHONE:

\_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Bus: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

ADDITIONAL INFORMATION: On this form or an accompanying letter, describe the nominee's personal interests, qualifications, experience, education, volunteer activities or community organization memberships that may bear on the nomination for Special District Member: This information will be distributed to all independent special districts.

SIGNATURE OF NOMINATOR/NAME OF SPECIAL DISTRICT:

\_\_\_\_\_

**SANTA BARBARA  
LOCAL AGENCY FORMATION COMMISSION**

<b>NOMINATION FOR <u>ALTERNATE</u> SPECIAL DISTRICT MEMBER</b> <i>Return to:</i> Executive Officer Santa Barbara LAFCO 105 East Anapamu Street, Room 407 Santa Barbara CA 93101 Or FAX to 568-2249	LAFCO STAFF USE  Date Received: _____
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Please print in ink or type

POSITION SOUGHT:                      Alternate Special District Member

NAME OF NOMINEE:

\_\_\_\_\_

NAME OF DISTRICT:

\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE:

Home: \_\_\_\_\_  
Bus: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_

**ADDITIONAL INFORMATION:** On this form or an accompanying letter, describe the nominee's personal interests, qualifications, experience, education, volunteer activities or community organization memberships that may bear on the nomination for the Alternate Special District Member: This information will be distributed to all independent special districts.

SIGNATURE OF NOMINATOR/NAME OF SPECIAL DISTRICT:

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