



COUNTY OF HUMBOLDT

For the meeting of: [REDACTED]

File #: [REDACTED]

To: Board of Supervisors

From: Supervisor [REDACTED]

Agenda Section: Consent

SUBJECT:

Informational Report on the Appointment of (name) to the Humboldt County (name of board, commission or committee) Representing the (number) District.

RECOMMENDATION(S):

That the Board of Supervisors:

1. Receive and file

SOURCE OF FUNDING:

N/A

DISCUSSION:

Supervisor (name) is announcing the appointment of (name) to the Humboldt County (board, commission or committee) representing the (number) district. This is a (number) year term with a new term expiration date of (date)

FINANCIAL IMPACT:

None

STRATEGIC FRAMEWORK:

This action supports your Board's Strategic Framework by providing community-appropriate levels of service

OTHER AGENCY INVOLVEMENT:

None

ALTERNATIVES TO STAFF RECOMMENDATIONS:

None

ATTACHMENTS:

Updated Roster

APPENDIX 1 – Format for Board Member Notification of Appointment

File #: 21-309

PREVIOUS ACTION/REFERRAL:

Board Order No.: N/A

Meeting of: N/A

File No.: N/A