

## STATEMENT OF FACTS **ROSTER OF PUBLIC AGENCIES FILING**

(Government Code section 53051)

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	Instri	ICTIO	nc:

- Complete and mail to: Secretary of State, P.O. Box 942870, Sacramento, CA 94277-2870 (916) 653-3984
- A street address must be given as the official mailing address or as 2. the address of the presiding officer.
- 3. Complete addresses as required.

4.	If you need	l additional space,	attach information of	n an 8½" X 11'	' page, one sided	d and legible
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4. If you need additional	space, attach information on an 83	3½" X 11" page, one sided and legible.
New Filing □	Update	
Legal name of Public Agend	y:	
Nature of Update:		
County:		
Name and Address of each	member of the governing board:	
Chairman, President or ot	her Presiding Officer (Indicate Ti	itle):
Name:	Address:	
Secretary or Clerk (Indicat	e Title):	
Members:		
name:	Address:	
RETURN ACKNOWLEDGMENT	TO: (Type or Print)	Dete
		Date
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Typed Name and Title

(Office Use Only)

CITY/STATE/ZIP