

Mono County Local Agency Formation Commission

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PO Box 8
Bridgeport, CA 93517
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<https://monocounty.ca.gov/lafco>

ALTERNATE PUBLIC MEMBER APPLICATION

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

OCCUPATION/BUSINESS _____

PLEASE PROVIDE A BRIEF STATEMENT OF INTEREST/INTRODUCTION:

Signature _____ Date _____