



# County of Santa Cruz <sup>0047</sup>

## BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069

(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ  
FIRST DISTRICT

WALTER J. SYMONS  
SECOND DISTRICT

MARDI WORMHOUDT  
THIRD DISTRICT

TONY CAMPOS  
FOURTH DISTRICT

JEFF ALMQUIST  
FIFTH DISTRICT

AGENDA: 10/26/99

October 14, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

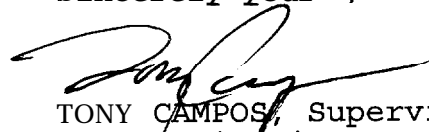
RE: APPOINTMENT TO PAJARO VALLEY FIRE PROTECTION DISTRICT

Dear Members of the Board:

Pursuant to Elections Code Section 10515, I recommend the appointment of the following person to the Pajaro Valley Fire Protection District Board of Directors to serve in such capacity from noon on December 3, 1999 until December 6, 2002.

Grant D. Estrada  
394 Mt. Madonna Road  
Watsonville, CA 95076  
722-2686 (H)

Sincerely yours,

  
TONY CAMPOS, Supervisor  
Fourth District

TC:ted

cc: Grant Estrada  
Pajaro Valley Fire Protection District  
Elections Department

1741A4

# APPLICATION FOR APPOINTMENT TO A SPECIAL DISTRICT VACANCY

0048

## Instructions

If you are interested in serving on a special district Board of Directors, please complete this application and return it to: Board of Supervisors, 701 Ocean Street, Room 500, Santa Cruz, CA 95060.

Your application will be routed to each Board Member. If you are selected for appointment to the District Board of Directors, your appointment must be confirmed by a majority vote of the Board of Supervisors.

Thank you for your interest.

DISTRICT: Pajaro Valley Fireprotection dist DATE: 10-13-99  
NAME: Grant D. Estrada AGE (optional): 36

RESIDENCE ADDRESS: 394 Mt. Madonna rd. Watsonville

BUSINESS OR MAILING ADDRESS: \_\_\_\_\_

PHONE (DAYTIME): Pager (408) 699-4133 PHONE (EVENING): 831-722-2686

EDUCATION			
Institution	Major	Degree	Year

WORK/VOLUNTEER EXPERIENCE				
Organization	Address	Position	From	To

12

**STATEMENT OF QUALIFICATIONS:**

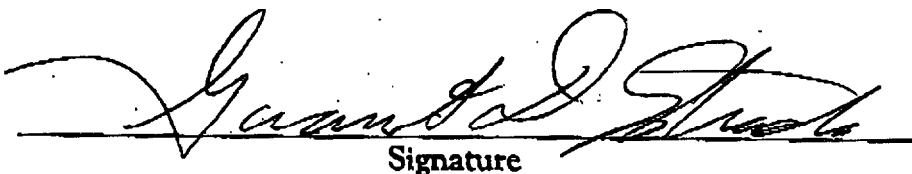
Please briefly describe your qualifications and why you are interested in **serving** on the Board of Directors.

0049

Past Director for 5 years

**CERTIFICATION:**

I certify that the information **contained in** this application **is true** and correct. I authorize the **verification of** the information in this application.

  
Signature

10-13-99  
Date