



**City of Tracy**  
333 Civic Center Plaza  
Tracy, CA 95376

**CITY MANAGER'S OFFICE**

MAIN 209.831.6000  
FAX 209.831.6120  
[www.ci.tracy.ca.us](http://www.ci.tracy.ca.us)

May 13, 2024

**NOTICE OF COUNCIL-APPOINTED COMMISSION/BOARD VACANCY**

COMMISSION/BOARD: **San Joaquin County Mosquito Abatement District Board**

NUMBER OF VACANCIES: One (1)

POWERS AND DUTIES: As set forth in the Bylaws and Duties and Powers of Commission

MEETINGS: The Mosquito Abatement District Board meets on the 3<sup>rd</sup> Tuesday of the month, beginning at 1:00 p.m.

The Board takes all necessary steps for the extermination of mosquitoes and abatement of their breeding places throughout the District while conforming to all State Government Codes applicable to public agencies. The Board is primarily the policy-making body for the District and sets its goals and objectives.

QUALIFICATIONS: The San Joaquin County Mosquito Abatement District Board consists of not less than five members. One member is appointed by the Board of Supervisors to represent the county-at-large. One member each is appointed by the incorporated cities within the district, wholly or part. Additional members-at-large are appointed by the Board of Supervisors to provide for at least a five-member board. All members shall be electors of the county that they represent. Total board membership is dependent upon the number of cities represented.

The initial term of office for each member shall be two years. Each subsequent consecutive reappointment shall be for a term of two years or four years, at the discretion of the City Council. Vacancies during a term shall be filled for the unexpired period of such term. Members shall serve at the pleasure of Council and may be removed from office without cause upon an affirmative vote of four Council Members.

Board members shall be residents of the City of Tracy. A member may not be an elected officer or an employee of the City.

CLOSING DATE: **Tuesday May 28, 2024, 6:00 p.m.**

Application forms available: City Clerk's Office / City Hall  
333 Civic Center Plaza, 2<sup>nd</sup> Floor  
Tracy, California 95376  
Telephone: (209) 831-6101; Fax: (209) 831-6120  
City of Tracy Website: [www.cityoftracy.org](http://www.cityoftracy.org)

# City of Tracy

## Board Application

Please answer all questions and place N/A in those areas that do not apply. Please return your signed application to the City Clerk's office by **6:00 p.m. on Tuesday May 28, 2024**. Should you have any questions please feel free to contact the City Clerk's Office at 831-6101.

Commission Applying for: **San Joaquin County Mosquito Abatement District Board**

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Telephone: \_\_\_\_\_  
Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Zip \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

Do you reside within the Tracy City Limits?  Yes  No

Are you registered to vote at the above address?  Yes  No

If NO, explain why \_\_\_\_\_

Please provide proof of residency at the above address (***copy of utility bill (phone, water, cable, etc.), voter registration card, CA Driver's License or Identification, Federal or State Tax Return***)

Are you a current City of Tracy employee, official, contractor or vendor? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

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

Do you have relatives or members of your household who are current City of Tracy employees, officials, contractors or vendors? \_\_\_\_\_ If so, please explain. \_\_\_\_\_

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

How many meetings have you attended of the San Joaquin County Mosquito Abatement District Board? Why did you attend the meeting(s) (i.e. personal interest, specific issue being addressed, etc.)

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

List related educational background: \_\_\_\_\_

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List your current occupation and related employment history: \_\_\_\_\_

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Describe your involvement in community activities, volunteer and civic organizations: \_\_\_\_\_

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What particular area of responsibility on this Board interests you? \_\_\_\_\_

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What would be your personal approach as a Board member in recommending policy, working with the Council, working with staff, etc.? \_\_\_\_\_

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Does your employer or a business that you own, or have an equity interest in, conduct business with the City? If so, please describe the degree and nature of the business conducted.

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You may be required to file a Form 700, also known as a Conflict of Interest statement, and to take ethics training. Would you have a problem complying with either of these requirements?

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- I have attached proof of residency
- I have attached optional additional materials (such as a resume, etc.)

|           |       |      |       |
|-----------|-------|------|-------|
| Signature | _____ | Date | _____ |
|-----------|-------|------|-------|

This is a public document.