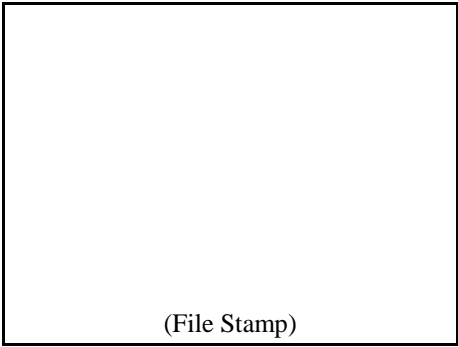


**STATEMENT OF FACT BY PUBLIC AGENCY**

**ROSTER OF PUBLIC AGENCIES**  
(Government Code Sections 53050-53051)



If the name of the agency is being changed, or if two or more previously recorded agencies are consolidating into one, please indicate the full information at the bottom of this filing form, listing all agency names involved.

1. Full legal name of agency: \_\_\_\_\_

2. Official mailing address of governing body of agency: \_\_\_\_\_

\_\_\_\_\_ Phone No: \_\_\_\_\_

Email: \_\_\_\_\_ Fax No: \_\_\_\_\_

3. Name and address of each member of governing body of agency:

<b>Name</b>	<b>Name</b>
<b>Residence Address</b>	<b>Residence Address</b>
<b>Mailing Address</b>	<b>Mailing Address</b>
<b>City State Zip</b>	<b>City State Zip</b>
<b>Date Term Expires</b>	<b>Date Term Expires</b>
<b>Name</b>	<b>Name</b>
<b>Residence Address</b>	<b>Residence Address</b>
<b>Mailing Address</b>	<b>Mailing Address</b>
<b>City State Zip</b>	<b>City State Zip</b>
<b>Date Term Expires</b>	<b>Date Term Expires</b>
<b>Name</b>	<b>Name</b>
<b>Residence Address</b>	<b>Residence Address</b>
<b>Mailing Address</b>	<b>Mailing Address</b>
<b>City State Zip</b>	<b>City State Zip</b>
<b>Date Term Expires</b>	<b>Date Term Expires</b>
<b>Name</b>	<b>Name</b>
<b>Residence Address</b>	<b>Residence Address</b>
<b>Mailing Address</b>	<b>Mailing Address</b>
<b>City State Zip</b>	<b>City State Zip</b>
<b>Date Term Expires</b>	<b>Date Term Expires</b>

4. Name of chairman, president or other presiding officer of governing body:

Name of Officer: \_\_\_\_\_ Title of this officer: \_\_\_\_\_

Address (if not listed above): \_\_\_\_\_  
Res/Mailing Address City State Zip

5. Name of clerk of governing body: \_\_\_\_\_ / \_\_\_\_\_  
Name (if no Clerk, insert word "None") Res/Mailing Address (if not listed above)

6. Name of Secretary of governing body: \_\_\_\_\_ / \_\_\_\_\_  
Name (if no Secretary, insert word "None") Res/Mailing Address (if not listed above)

Statement dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Statement prepared by: \_\_\_\_\_  
Printed Name Title

Preparer's Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please note the following changes or consolidations: \_\_\_\_\_