

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: **Community Action Board (CAB)**

CONTACT PERSON: **Tracey Belton**

NAME OF APPOINTEE:

**Daren Kortsen  
Hollister, CA 95023**

PHONE: **831801-8638** E-Mail: **daren.kortsen@gmail.com**

DATE APPOINTMENT EFFECTIVE: **2/10/2022**

TERM ENDING: **2/10/2025**

SUPERVISOR DISTRICT: **#4, Representative of the Poor**

PREVIOUS APPOINTMENTS: **New-Appointment to the CAB**

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REQUIREMENTS:

*If this is a new appointment, a copy of the letter of resignation from the replaced individual is to be attached to this form.*

Return completed form along with transmittal to:

San Benito County  
Attention: Clerk of the Board  
481 Fourth Street  
Hollister, CA 95023