

DATE: December 12, 2011

TO: City Clerk

FROM: Representative Susie Byrd

ADDRESS 2 Civic Center Plaza 10<sup>th</sup> Floor, El Paso, TX TELEPHONE 915-541-4416

Please place the following item on the (Check one): CONSENT XXX REGULAR \_\_\_\_\_

Agenda for the Council Meeting of December 20, 2011

RE-Appointment of Olivia Chavez to the City Accessibility Advisory Committee by City

Item should read as follows: Representative Susie Byrd, District 2.

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM**

NAME OF BOARD/COMMITTEE/COMMISSION: City Accessibility Advisory Committee

NOMINATED BY: Representative Susie Byrd DISTRICT: 2

NAME OF APPOINTEE Olivia Chavez  
(Please verify correct spelling of name)

BUSINESS ADDRESS: \_\_\_\_\_

CITY: El Paso ST: TX ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: El Paso ST: TX ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT?

NAME OF INCUMBENT: Olivia Chavez

EXPIRATION DATE OF INCUMBENT: 08/11/2011

REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE): TERM EXPIRED: XX  
RESIGNED \_\_\_\_\_  
REMOVED \_\_\_\_\_

CITY COUNCIL APPROVAL DATE: 12/20/2011

TERM BEGINS ON : 08/12/2011

EXPIRATION DATE OF NEW APPOINTEE: 08/11/2013

PLEASE CHECK ONE OF THE FOLLOWING: 1<sup>st</sup> TERM: \_\_\_\_\_

2<sup>nd</sup> TERM: XX

UNEXPIRED TERM: \_\_\_\_\_