



CCAC Membership Roster Changes

Name of City or Agency: _____

Division: Northern Central Southern

Please complete only those items which are changing:

Address: _____
City/State/ZIP: _____
Telephone: _____
Fax: _____
Website: _____

New Name & Job Title:

Name/Job Title Being Replaced:

_____ CMC MMC _____

e-mail: _____

New Designated Voting Member:

Name/Job Title Being Replaced:

_____ CMC MMC _____

e-mail: _____

Elected City Clerk Date Elected: _____ Term Expires: _____
 Appointed City Clerk Date Appointed: _____

General Municipal Election: June, Even Nov., Even Nov., Odd
or Month: _____ Day: _____ Even Years or Odd Years

City Hall Hours: _____

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Change Submitted By: _____ Title: _____

Date: _____

Please e-mail, fax or mail to:

CCAC Second Vice President
c/o Shirley Concolino, City Clerk, MMC
915 I Street, 1st Floor Historic City Hall
Sacramento, California 95814
Email: sconcolino@cityofsacramento.org
Facsimile: (916) 808-7672