



COUNTY OF SUTTER

Elections Department

Voting and Language Accessibility Advisory Committee (VAAC/LAAC) Membership Application

Complete this application if you would like to serve on the Sutter County Voting and Language Accessibility Committee (VAAC/LAAC). You can bring this completed form by our office or fax it to the number listed at the bottom of the form. Please be advised you are not required to have a disability or speak another language to serve on the committee.

Please contact our office as early as possible with any questions.

Name: _____

Address: _____

Mailing (If different): _____

Phone- Home: () _____ Work: () _____ Cell: () _____

Email Address: _____

➤ Are you a registered voter in Sutter County? Yes No

➤ Do you have a disability? Yes No

Please note if any accommodations needed: _____

➤ Do you speak a language other than English?

If so, what language?: _____

➤ Will you be representing an organization?: Yes No

If so, which organization?: _____ Your Position?: _____

I do declare the information provided in this application to be true, correct and complete to the best of my knowledge. I understand that my statement may be verified and I give permission to do so.

Signature: _____ Date: _____