Public Comment Form

For this form to be accepted by the Bureau of State Audits, the last page of the form must be signed by the person providing the comment.

Today's Date: _____

INFORMATION ABOUT APPLICANT

Name of applicant about whom the comment relates (use a separate form for each applicant about whom you are providing public comment):_____

Please provide specific facts, based on your personal knowledge, relating to the applicant's eligibility or qualifications to serve as a commission member (which may include specific facts regarding the accuracy of statements made or information submitted by the applicant during the application process). Attach additional pages, if needed:

INFORMATION ABOUT YOU

Name:_____

E-mail Address:_____

Mailing Address:_____

_____

Home Address (if different from above):_____

_____

How you know the applicant named above: _____

_____

Daytime Telephone No.:_____ Additional Telephone No.:_____

PRIVACY NOTIFICATION AND WAIVER OF RIGHTS

LEGAL AUTHORITY AND REASON FOR COLLECTION OF PERSONAL INFORMATION

The Voters FIRST Act and the regulations implementing the Act require that the selection of commissioners for the Citizens Redistricting Commission be open to public scrutiny and the press (see Voters FIRST Act, § 2, subd. (d); Cal. Const., art. XXI, § 2, subd. (b); Gov. Code, §§ 8252, subd. (c), 11120, 11121, and 11125.1; and Cal. Code Regs., tit. 2 §§ 60835, 60836, 60842, and 60846). The Act also requires the Bureau of State Audits (bureau) to select 60 of the most qualified applicants based upon their party affiliation, the absence of any conflicts of interest, their qualifications to serve pursuant to Article XXI of the California Constitution, their relevant analytical skills, ability to be impartial, appreciation for California's diverse demographics and geography, and their racial, ethnic, geographic, gender and economic diversity. In order to assess each applicant's identity and qualifications to serve on the commission, the bureau is soliciting voluntary public comments from interested persons. To help ensure veracity and reliability, persons submitting public comments must provide personal information about themselves that will be provided to the Applicant Review Panel, bureau staff, applicants, the public, including members of the press, the Legislature, and the commission.

CONSEQUENCE OF NOT PROVIDING ALL REQUESTED INFORMATION

Failure to provide all of the requested information will cause the Applicant Review Panel or bureau to disregard your comments.

PERMISSION TO USE AND RELEASE PERSONAL INFORMATION

By submitting this comment, you acknowledge that the comment, and all documents submitted in support of your comment, are public records. You agree that the bureau shall provide copies of these materials to the applicant about whom your comment relates, and you understand that the applicant and other members of the public may respond to your comment, and make statements about you. You also agree that the bureau shall provide copies of these materials to members of the public and the press, members and staff of the Applicant Review Panel, bureau staff, the Legislature,

the commission, and as otherwise compelled by law. You authorize the bureau to use the information submitted by and about you as the bureau deems necessary to select commissioners and replacement commissioners or otherwise comply with its legal duties. You also authorize the bureau to post all materials related to your comment on its website and any website authorized by the bureau.

VOLUNTARY WAIVER OF RIGHTS AND BSA LIABILITY

By submitting this comment, you are waiving your privacy and other rights under various state and federal laws, including, but not limited to, the Information Practices Act (Civil Code, § 1798 et seq.) and any defamation of character claim you may have. Accordingly, by waiving these rights, you are agreeing to permit the bureau to release any and all information about you, EXCEPT that the bureau will not post on the Internet your date of birth, current physical, mailing, and e-mail addresses (excluding the city and county), and telephone numbers. [The bureau will not collect, and please do not voluntarily submit to the bureau, your social security number, driver's license number, financial account numbers, or health information.] By submitting your comment, you acknowledge and consent to the release of the information you and others are providing related to you, and except as specifically provided above, you are waiving your rights regarding all information relating to you and your comment. This waiver authorizes the bureau to publicly release information about you for a period of twelve (12) years from the date of your comment, even if the applicant to whom your comment relates is not selected as a commissioner. You are providing this waiver voluntarily, understanding that the bureau shall not be legally liable as a result of posting on its website or releasing to the public the information or comments you provide, or the information or comments provided by others about you. This includes claims of defamation, libel, slander, invasion of privacy, negligence, and any other statutory or common law claims.

WHO TO CONTACT

You have a right to review personal information the BSA maintains about you and verify its accuracy. Please contact the bureau's Chief Counsel/Privacy Officer at (916) 455-0255, 555 Capitol Mall, Sacramento, California, 95814 if you would like to view or obtain information about the location of your records and the categories of persons who use the information in your records.

I have read, understand, and agree to this Privacy Notification and Waiver of Rights. I also affirm that the information I included in this form is true and correct and based on my personal knowledge.

Signed:_____ Dated: _____

**********FOR BUREAU USE ONLY**********

Date Comment Received by Bureau:_____

Date Sent to Applicant:_____

Contains Offensive Content (Y or N)? _____ Date Posted on Website:_____