

**JENNIFER VISE
TEHAMA COUNTY CLERK OF THE BOARD
633 WASHINGTON STREET, ROOM 12
RED BLUFF, CA 96080
(530) 527-3287 FAX (530) 527-1140
EMAIL: tcbos@co.tehama.ca.us**

REQUEST FOR DISTRICT ADJUSTMENT

Redistricting is different than most issues that come before the County Supervisors. Instead of being limited to simply saying you support or oppose an ordinance or resolution, this is your chance to draw a map yourself! The map template is located at [Tehama District Boundaries](#).

Please note, in order for the request to be considered:

1. A map must be attached demonstrating the requested changes to the district boundary
2. This request will be processed under conditions regulated under Assembly Bill 849 (2019)

Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Please indicate the location of requested adjustment:

Please describe the reason for the adjustment request (e.g., district boundary dissects neighborhood): _____

Check for follow-up response

Received by: _____

Date: _____