**NAME OF TAB/CAC**

**Site Location**

**Site Address**

**City, State, Zip**

 June 15, 2016

7:30 p.m.

|  |
| --- |
| Board Members: Member – Chair Member - Vice Chair  Member Member Member  Secretary: name, phone, email  Town Liaison: name, phone, email |
|  |

**MEETING CANCELLED**

 **DUE TO**

Choose an item.

**The next scheduled meeting will be held on**

**January 19, 2017 at 6:30 pm**

**unless otherwise posted.**

**POSTING LOCATIONS:** This meeting was legally noticed and posted at the following locations:

Posting location and address

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