



A Tradition of Stewardship
A Commitment to Service

2261 Elm Street
Building N
Napa, CA 94559-3721
www.countyofnapa.org

Main: (707) 299-2101
Fax: (707) 299-2199

Date: _____

To: Napa County Mental Health Board Chair and members

Subject: Resignation

I would like to inform you that I am resigning from my position as (*indicate: family member of consumer, consumer, concerned citizen*) _____), member of the Napa County Mental Health Board as of: _____ (date).

Thank you for the opportunity to participate on the Mental Health Board.

Sincerely,