



APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTEE

Name of Applicant: MAHEALANI URQUIZA
Home Address: 2947 BELL RAY AVE City: Lucerne ZIP: 95458
Mailing Address: City: ZIP:
Occupation: MOW Admin. Email: kane.lanido@gmail.com
Home Phone: (707) 349-9157 Work Phone: ( ) Supervisorial District 3

Name of Board/Committee/Commission(s) you are interested in serving on: LATIH

Board/Committee/Commission category under which you are applying, if applicable: MEMBER OF LATIH COUNCIL

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):
LATIH CHAIR 2018-2020
LCRCC (LAKE COUNTY REP PARTY) ELECTED COMMITTEE MEMBER, CHAIR 2016-2020

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:
I WOULD LIKE TO SEE MORE INVOLVEMENT IN OUR COMMUNITY TO HELP ON ISSUES WE FACE IN LUCERNE, HOMELESS, TRASH, BETTER OUR ECONOMICS IN OUR TOWN.

List community organizations to which you belong:
LAKE COUNTY REP. WOMENS FEDERATED
LAKE COUNTY REP PARTY

Convictions and Penalties - Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)
NO

List any affiliation you or your spouse has with public service agencies:

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.
[Signature]
(Signature)

12/12/20
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:
APPOINTED YES NO
APPOINTED ON:
TERM EXPIRES: