

OF CAUTO

APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTEE 2 2022

COUNTY OF LAKE BOARD OF SUPERVISORS / ADMINISTRATIVE OFFICE

TERM EXPIRES: _____

							Madela la l	
Name of Applicant:	Marcia Wells							
Home Address:	to3 Paem	Dr.	City:	Lakepor	+	ZIP:	Ci	95453
Mailing Address:	SAMe		City:			ZIP:	X.	
Occupation; Red	ired		Email:	Im well	scatt	net		
Home Phone: 107	263 60Work Pho	ne: <u>(</u>)		Supe	rvisorial Distri	ct	4	
Name of Board/Commit	ttee/Commission(s) you	u are interest	ted in s	erving on:				
Board/Committee/Com	mission category under	r which you a	are app	ying, if appli	cable:			
List past or present Cou held (please list dates s	unty appointments, as verved):	well as any o	ther pu	blic service a	appointments	, or elec	eted po	sitions
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: have family buried there and I have watched to help. The like to help.								
List community organiz	ations to which you be	long:						
Convictions and Penalt penalties. (Convictions	ies – Have you ever be are evaluated for eacl	een convicted h position an	d of a fe d are n	elony? If yes ot necessaril	, give date(s) y disqualifyin	, locatio g.)	n(s) ar	nd
List any affiliation you o	or your spouse has with	n public servi	ce age	ncies:				
Committee and (above information is tru Commission Conflict of have no conflict of inte	Interest Poli	ct, and I	have read the specified to the specified	ne Lake Cour by that policy	y and to	sory Bo	oard, st of
	(Signature)				(Date)			
PLEASE RETURN COMPLE	ETED FORM TO:	Clerk of the Bo 255 N. Forbes Lakeport, CA 9 FAX (707) 263	St. 95453		For Board Use (APPOINTED APPOINTED		YES	NO