

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

Name of Applicant: Policy Giangrosso		
Home Address: 159 Will Cree	ele Ct. City: Willia	S ZIP: 95490
Malling Address:	City:	Zip:
Occupation: RN Rogram Dises	for Email: Ashley-	Giangross Degrar net
Home Phone: (530)300-3863 Work Phone: (361) 459-0120 Supervisorial District		
Name of Board/Committee/Commission(s)	you are interested in serving on:	
Board/Committee/Commission category und	der which you are applying, if app	plicable:
List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):		
position and any other information you would be have been been been been been been been be	tor for local Phi	TH Buse
		M.
 		
Convictions and Penaltles – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penaltles. (Convictions are evaluated for each position and are not necessarily disqualifying.)		
List any affiliation you or your spouse has w	with public service agencies:	
I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of i	t of Interest Policy. I agree to abi	the Lake County Advisory Board, de by that policy and to the best of
(Signature)	<u> </u>	9-6-22. (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 YESNO APPOINTED ON: TERM EXPIRES: