



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

Name of Applicant: Eric Redford

Home Address: 19786 Mountain Meadow South City: Hidden Valley Lake ZIP: 95467

Mailing Address: _____ City: _____ ZIP: _____

Occupation: Director of Manufacturing Email: eredford@reynoldssystems.com

Home Phone: (707) 900-1081 Work Phone: (707) 928-5244 Supervisorial District SLCFP

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

Board of Directors of Santa Lake County Fire Protection District

Board/Committee/Commission category under which you are applying, if applicable:

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

NONE

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've lived in Lake County for 14 years through numerous fires. I know the stress and heartache it brings. I'd like to be able to bring that perspective to the board and help in anyway possible. I'm currently the safety manager at RSI.

List community organizations to which you belong:

The Church of Jesus Christ of Latter day Saints
4-H Leader for Pigeons
California Hawkwing Club

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:

NONE

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.

Eric Redford
(Signature)

5-8-20
(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: _____