

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

Name of Applicant:		
Home Address:	City: Kelseyvi	lle ZIP: 95451
Mailing Address:	City: Kelseyville	ZIP: 95451
Occupation: Retired	Email: Jan_c	oppinger@yahoo.com
Home Phone: ( ) Work	Phone:Su	pervisorial District 5 ? Kelseyville
Name of Board/Committee/Commission(s) Marijuana ordinance advisory board	) you are interested in serving on:	
Board/Committee/Commission category uncitizen Kelseyville/Cobb area	nder which you are applying, if ap	pplicable:
List past or present County appointments, held (please list dates served):  Retired Special Districts Administrator	as well as any other public service	ce appointments, or elected positions
Please briefly explain why you would like t position and any other information you won I believe I could help make sound decisions with a desire to As well as avoid being a detriment to neighbors with odor, r	uld like to include as part of your see cannabis farms profit while protecting the	application:
List community organizations to which you	ı belong:	
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e		
List any affiliation you or your spouse has	with public service agencies:	
I certify that the above information is Committee and Commission Conflic my knowledge, I have no conflict of	t of Interest Policy. I agree to abi	
Jan Comphyler (Jun 23, 2022 20:12 PDT) (Signature)		(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: