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

|  |  |  | COUNTY OF LAKE                                  |
|--|--|--|---|
| Name of Applicant:   | Acosta   |  | BOARD OF SUPERVISORS /<br>ADMINISTRATIVE OFFICE |
| Home Address: 3400 Bigs U  | ally Rd City: X  | dsegville  | ZIP: 95451                                      |
| Mailing Address:   | 601_ City: {   | anley, A   | ZIP: 95435                                      |
| Occupation:  | Email:   | acostgal   | x Chotma?                                       |
| Home Phone: 701 349-6037 Work F  | Phone: ( )   | Supervisorial Distric  | <sup>3</sup> 5                                  |
| Name of Board/Committee/Commission(s)  | you are interested in se   | rving on:  |   |
| Board/Committee/Commission category un   | nder which you are apply   | ring, if applicable:   |   |
| List past or present County appointments, a held (please list dates served):   | as well as any other pub   | olic service appointments,   | or elected positions                            |
| Please briefly explain why you would like to position and any other information you wou  | serve, what special qual<br>ald like to include as part                                    | alifications or expertise yo<br>of your application:   | u may have for the                              |
| List community organizations to which you  | belong:  |  |   |
| Convictions and Penalties – Have you ever<br>penalties. (Convictions are evaluated for e   | r been convicted of a feleach position and are no  | ony? If yes, give date(s),<br>t necessarily disqualifying  | location(s) and<br>.)                           |
| List any affiliation you or your spouse has w  | with public service agend  | cies:  |   |
| I certify that the above information is<br>Committee and Commission Conflict<br>my knowledge, I have no conflict of i<br>(Signature) | t of Interest Policy. I agr  | nave read the Lake Count<br>ee to abide by that policy<br>$\frac{\sqrt{33}}{\sqrt{\text{(Date)}}}$ | y Advisory Board,<br>and to the best of         |
| PLEASE RETURN COMPLETED FORM TO:   | Clerk of the Board of Sup<br>255 N. Forbes St.<br>Lakeport, CA 95453<br>FAX (707) 263-2207 | APPOINTED APPOINTED C  | nly:  |