

RECEIVED **APPLICATION FOR** APPOINTMENT TO COUNTY OF LAKE

ADVISORY BOARD, COMMISSION OR COMMITTEE 1 9 2022

COUNTY OF LAKE BOARD OF SUPERVISORS /

Name of Applicant: Kate Schn	ridt - He	opper	ADMIN	MANUAL TO SERVICE STATE OF THE
Homo Addross: 19118 Comstock	Ct.	City: Hidde	n Valley Lake	95467
Mailing Address: Same as a				
Occupation: Registered Dental 1	Hygierist	Email: Wis	eacrelfarm@	gmail.com
Home Phone: (707) 987-6421 Work F	rnone: (78	7) 994-7271	Supervisorial District	_one
Name of Board/Committee/Commission(s) Resource Conse	rvation E	district		
Board/Committee/Commission category ur			if applicable:	
List past or present County appointments, held (please list dates served):	as well as an		ervice appointments, or ele	ected positions
position and any other information you wou In the face of wildfire				is Key,
List community organizations to which you				
M. A.T. H. M. U.S.D. Solidarity Sunday	carrica Land	lum comm	nitlee Lake C nderson March	ounty Democra Interpretive
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e	r been convic	ted of a felony?	If yes, give date(s), locat essarily disqualifying.)	ion(s) and
List any affiliation you or your spouse has	with public se	rvice agencies:	hone	
I sortify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of (Signature)	t of Interest P			
PLEASE RETURN COMPLETED FORM TO:	Clerk of the 255 N. Forb Lakeport, C FAX (707)	A 95453	For Board Use Only: APPOINTED APPOINTED ON:	YES NO

TERM EXPIRES.