

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

Name of Applicant: Angel C	appa				
Home Address:	C	ity: Mid	Idutaun	ZIP:	95461
Mailing Address:	Same C	ity:		_ ZIP:	
Occupation: Director ECE	E	mail:	ngel. Coppa	eK	onoctius d.org
Home Phone Work F	Phone:		Supervisorial Distr		Konocti,
Name of Board/Committee/Commission(s)	you are intereste	d in serving	on: LPC		
Board/Committee/Commission category ur	nder which you are	e applying, i	f applicable:		
List past or present County appointments, held (please list dates served):	as well as any oth		rvice appointments		
Please briefly explain why you would like to position and any other information you would like to have worked in the ECF frencher will take \$ woodlar	ild like to include i	as part of you	ur application:	bees	
List community organizations to which you	belong:				
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for e					n(s) and
List any affiliation you or your spouse has v	with public service	agencies:			
I certify that the above information is Committee and Commission Conflict my knowledge, I have no conflict of i	of Interest Policy				
Angre Coppo- (Signature)		la	(Date)		_
PLEASE RETURN COMPLETED FORM TO:	Clerk of the Board 255 N. Forbes St Lakeport, CA 954 FAX (707) 263-2	153	APPOINTED	ON:	ES NO