

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

Name of Applicant: David LEby			
Home Address: 9804 Diane Ln	City: Upper La	ke ^{ZIP:} 95485	
Mailing Address: 9804 Diane Ln	City: Upper Lake	ZIP: <u>95485</u>	
Occupation: retired	Email: daveby	/@pacific.net	
Home Phone: 707-275-2771 Work Phone: () Supervisorial District 3			
Name of Board/Committee/Commission(s) you	ou are interested in serving on:		
Board/Committee/Commission category undo	er which you are applying, if app	plicable:	
List past or present County appointments, as held (please list dates served): The American Legion California State Commander 1998-99	s well as any other public service	e appointments, or elected positions	
Please briefly explain why you would like to s position and any other information you would lam a past board chairman of the Lucerne Alpine Senior Center	I like to include as part of your a r; I have worked with various resorts, water or	pplication: listrict, and communities helping get volunteers	
to become state certified water operators for each. I have help I am Past President of Ukiah Kiwanis Club; Past exalted cricket	ed raise funds for the old upper Lake Fire Dist and current Secretary of Lakeport Elks Lodge	: I enjoy helping others succeed in life.	
List community organizations to which you be BPO Elks Lakeport Lodge 2704; Kiwanis International Life Meml	elong:		
Blue Lakes Improvement Club Water, INC	ber, The American degion riopiand 1 636 323		
Convictions and Penalties – Have you ever be penalties. (Convictions are evaluated for each none	peen convicted of a felony? If you ch position and are not necessa	es, give date(s), location(s) and rily disqualifying.)	
List any affiliation you or your spouse has wit	th public service agencies:		
I certify that the above information is tr Committee and Commission Conflict of my knowledge, I have no conflict of int	of Interest Policy. I agree to abid	the Lake County Advisory Board, de by that policy and to the best of	
David L Eby (Nov 16, 202 18:24 PST)	11/16/2021	11/16/2021	
(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:	