

REAPPLICATION



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

Name of Applicant: MARILYN JOHNSON

Home Address: 940. 6th ST.

City: LAKEPORT

ZIP: 95453

Mailing Address: SAME

City: _____

ZIP: _____

Occupation: RETIRED

Email: marilynjohnson@hotmail.com

Home Phone: (707) 501-9749

Work Phone: () _____

Supervisory District

4

Name of Board/Committee/Commission(s) you are interested in serving on:

ISS ADVISORY

Board/Committee/Commission category under which you are applying, if applicable:

SR COMMUNITY REP

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

WE ARE IN THE PROCESS OF REVISING THE BY-LAWS & I WOULD LIKE TO COMPLETE THIS TASK.

List community organizations to which you belong:

Convictions and Penalties – Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)

List any affiliation you or your spouse has with public service agencies:

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

Marilyn Johnson
(Signature)

Dec. 28, 2016
(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: _____