



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

Name of Applicant: Mark Miller

Home Address: 3403 Lakeside Dr

City: Niilo

ZIP: 95464

Mailing Address: P.O. Box 1292

City: Niilo

ZIP: 95464

Occupation: Water Resources Tech

Email: mark.miller@lakecounty.ca.gov

Home Phone: (707) 344-6038

Work Phone: (707) 263-2344

Supervisory District

3

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

Fish & Wildlife Advisory Committee

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

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:

I manage the county Quagga Mussel program. Have been a life long outdoorsman. Have worked on outdoor education programs through CNESEE and National Park Service. Have been involved with open space preservation programs. Would like to do everything possible to protect our lake and wildlife.

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:

Employed by County Water Resources / wife employed with county H.R. dept.

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.

Mark Miller
(Signature)

8/1/16
(Date)

PLEASE RETURN COMPLETED FORM TO:

RECEIVED

AUG 01 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

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: _____



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RECEIVED

DEC 05 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: LYNETTE SHIMER

Home Address: 870 OLD LUCERNE RD. City: UPPER LAKE ZIP: 95485

Mailing Address: PO Box 866 City: UPPER LAKE ZIP: 95485

Occupation: CA DPW K-9 TRAINER/RA Email: honorboundk9@yahoo.com

Home Phone: (707) 972-5275 Work Phone: (707) 972-5275 Supervisorial District _____

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

FISH & WILDLIFE ADVISORY COMMITTEE

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

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

FISH AND WILDLIFE ADVISORY COMMITTEE (2016)

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:

27 YEARS OF WILDLIFE LAW ENFORCEMENT EXPERIENCE
25 YEARS OF EXPERIENCE TRAINING CONSERVATION DOGS

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.)

N/A

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

SEE ABOVE, NO SPOUSE

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.

Lynette Shimer
(Signature)

12/3/16
(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: _____



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DEC 13 2016

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Richard F Hinchcliff
Home Address: 233 Robles Dr. City: Lakeport ZIP: 95453
Mailing Address: S.A.A. City: _____ ZIP: _____
Occupation: Chief Deputy D.A. Email: richarddda@hotmail.com
Home Phone: () 262-1344 Work Phone: () 263-2539 Supervisorial District: 4

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

Fish & Wildlife Advisory Committee

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

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

F&W Advisory Committee since 1986
Appointed Chief Deputy D.A. in 2006

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:

Re-Appointment

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.)

NO

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

Employee of County of Lake

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.

R F Hinchcliff

(Signature)

12/12/16

(Date)

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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: _____