

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

Name of Applicant:	Luther (Monte) Win	ters			
Home Address: 330	4 Spring Valley Road	City:	Clearlake Oaks	Zíp:	95423
Occupation: Retire	ed				······
Home Phone: (707)	998-1050 Work Phone:	(707)533-9264	Supervisorial Dis	trict	3rd
lame of Board/Commit CSA#2 Advisory	lee/Commission(s) you are Board	interested in s	erving on:		
oard/Committee/Comm	nission category under whi	ich you are app	lying, if applicable:		
eld (please list dates s	nty appointments, as well erved): of CSA#2 Advisory B		blic service appointmen	ts, or elec	cted positions
osition and any other h	hy you would like to serve, nformation you would like t critical point in the proce pleted.	to include as pa	rt of your application:		
	ations to which you belong ey Lake Property Owners			ANTALE	
enalities. (Convictions	es – Have you ever been o are evaluated for each po	sition and are r			on(s) and
ist any affiliation you o Captain, Spring \	r your spouse has with put /alley CERT, Lake Cou	olic service age unty OES.	ncies:		
I certify that the a Committee and C	bove information is true ar commission Conflict of Inte- paye no conflict of interest.	nd correct, and larest Policy. I a			
			0. 1 001	_	
	(Signature)		8 January 201	17	

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207