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APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTE CARD OF SUPERVISORS

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Name of Applicant:	Twarus	
Home Address: 4520 CIA	RK Dr City: Kels	exuille ZIP: 95451
Mailing Address: PDB 162	City: KE	8451/LZIP: 95451
Occupation: Physician) Email: Kirk	g.andrusegnal.com
Home Phone: 701) 7515 Work	Phone: 70) 945-7616	upervisorial District
Name of Board/Committee/Commission(s) you are interested in serving or	Fish+ Wildlife
Board/Committee/Commission category u	nder which you are applying, if a	pplicable: Conservation - in cur
List past or present County appointments, held (please list dates served):	as well as any other public serv	ice appointments, or elected positions
position and any other information you wo	to toponya	OU DED. SUM
List community organizations to which you	belong:	
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for e		
List any affiliation you or your spouse has v	with public service agencies:	MONE
I certify that the above information is Committee and Commission Conflict my knowledge, have no conflict of	of Interest Policy. I agree to ab	
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: