



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

ADMINISTRATIVE OFFICE

Name of Applicant: LIELEN MITCHAN		
Home Address: 16000 QUALE	TPAU City: OCAL	LAVE ONG ZIP: 95423
Mailing Address: SAUE		ZIP:
Occupation: RETURN	Email: 41	MITCH @ HUGHES, NET
Home Phone:		
Name of Board/Committee/Commission(s) you are interested in serving on:		
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:		
THE CEACE SUPERS		
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 Committee and Commission Conflic my knowledge I have no conflict of	ct of Interest Policy. I agree to a	ead the Lake County Advisory Board, abide by that policy and to the best of
(Signature)	<u> </u>	(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: