

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

Name of Applicant: Sheue	Brookes	
Home Address: 5618 Oak	tills Love City: Kelse	equille ZIP: 95451
		20-1 ZIP: 95453
Occupation: Country Linky	er/NediotoEmail: 516 S	710 mchsi com
Home Phone: (75) 349-4350Work	Phone: (707) 763-6200 Su	pervisorial District
Name of Board/Committee/Commission(s		
Board/Committee/Commission category u	inder which you are applying, if ap	plicable:
List past or present County appointments, held (please list dates served): Luce 2015 Please briefly explain why you would like to	1984-2015 Ken	segulle Five Pot Dot oct. Trail Com He 201
position and any other information you wo	uld like to include as part of your	application: otside consel as ot years experience - cood medication skill
List community organizations to which you	u belong:	
Convictions and Penalties – Have you even penalties. (Convictions are evaluated for		
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	t of Interest Policy. I agree to abi	
(Signature)		(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: