



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

RECEIVED

COUNTY OF LAKE  
BOARD OF SUPERVISOR

Name of Applicant: Patricia Ann Treppa  
Home Address: 350 Forest Dr. City: Lakeport ZIP: CA 95453  
Mailing Address: same City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Occupation: Retired Hospital Administrator Email: 32 years  
Home Phone: (707) 263-0458 Work Phone: ( ) Supervisorial District 4th

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

Mental Health Board

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:

Mental Health issues in the community, with a  
drug stopping problem and low budget and  
how it affects families and clients

List community organizations to which you belong:

None

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.)

None

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

None

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.

Patricia Ann Treppa  
(Signature)

6-30-17  
(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: \_\_\_\_\_