

APPLICATION FOR APPOINTMENT TO COUNTY OF LAKE ADVISORY BOARD, COMMISSION OR COMMITTEE JUL 3 1 2017

RECEIVED

COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: DENNIS LEON DAY
Home Address: 8774 Quarterhorse Liv City: Lower Lake ZIP: 95457
Mailing Address: SAME City: ZIP:
Occupation: CAIROPRACTOR Email: debonecrusher @gmail. (3)
Home Phone: (107) 972-9404 Work Phone: (707) 975-0300 Supervisorial District
Name of Board/Committee/Commission(s) you are interested in serving on: Water Board Dist. 1
Board/Committee/Commission category under which you are applying, if applicable: Water Board
List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): № 0 № €
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: To help contribute to my community where I grew up and now reside and operate. My business. I have been practicing Chiragonetic for 20 45 and mostly in this community. I grew up in Construction family and have a working knowledge in general construction. List community organizations to which you belong: Lower Lake High School Boosters
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: 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, have no conflict of interest.
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: