January 26, 2018

Ms. Carolyn Purdy Assistant Clerk of the Board Board of Supervisors County of Lake 255 N. Forbes Street Lakeport, California 95453

Dear Ms. Purdy:

As requested in your e-mail to Gloria Hallmark dated January 24, 2018, please accept this letter as confirmation and unanimous agreement of the Board of Trustees of the Glenbrook Cemetery District to appoint Douglas Domer to the Board.

Mr. Domer has met with members and his application has been reviewed. All agree to appoint Mr. Domer to his first term as a Trustee.

Please feel free to call (928-5709) or e-mail (<u>bostocks@mchsi.com</u>) if you have any questions.

Sincerely,

Robert Bostock Board of Trustees Glenbrook Cemetery District

cc: Gloria Hallmark



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

	228		
Name of Applicant: Douglas	origin Domes		<u>_</u>
Home Address: 9411 Sunshine	CDS City: Cobb	CA ZIP: 9	5426
Mailing Address: ろひょ 534	City: <u><066</u>	CA ZIP: <u>9</u>	5-426
Occupation: Retired	Email: NA		
Home Phone: (אר (און און און און און און און און און און			
Name of Board/Committee/Commission(s) yo	ou are interested in serving on:	Cemetery	DISTRIC
Board/Committee/Commission category under	er which you are applying, if ap	plicable:	
List past or present County appointments, as held (please list dates served):	well as any other public servic	e appointments, or elected	d positions
Please briefly explain why you would like to s position and any other information you would 32 years police Service	like to include as part of your :	application:	
List community organizations to which you be	elong: , 7 yrs BSA A	Learning For Life	Adv. sor
Convictions and Penalties – Have you ever b penalties. (Convictions are evaluated for each	een convicted of a felony? If y h position and are not necessa	res, give date(s), location(s arily disqualifying.)	and
List any affiliation you or your spouse has wit	h public service agencies:		
I certify that the above information is true Committee and Commission Conflict of my knowledge, I have no conflict of into	f Interest Policy. I agree to abi	d the Lake County Advisory de by that policy and to the	y Board, e best of
(Signature)	10 -	28-17 (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 APPOINTED ON:	S NO