



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

RECEIVED

APR 26 2018

COUNTY OF LAKE  
BOARD OF SUPERVISORS

Name of Applicant: Jan Coppinger

Home Address: 7050 Highway 29 City: Kelseyville, CA ZIP: 95451

Mailing Address: Same City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Occupation: Special Districts Administrator Email: Janet.coppinger@lakecountycalifornia.gov

Home Phone: (707) 391-0051 Work Phone: (707) 263-0119 Supervisorial District 5

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

Board/Committee/Commission category under which you are applying, if applicable:  
Public Water Supplier

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

Special Districts Administrator since 7/5/2016.

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:

As Administrator of Special Districts, I manage two of the largest public water systems that draw from Clear Lake. I am active in the Clear Lake Water Users Group and participate in the Sanitary Survey that is conducted and funded by the group every 5 years. I am also active in IRWM and always seeking funding and resources to assist water quality of Clear Lake.

List community organizations to which you belong:

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

None  
List any affiliation you or your spouse has with public service agencies:

NONE

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.

Jan Coppinger  
(Signature)

4-25-18  
(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: \_\_\_\_\_