

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

RECEIVED

APR 2 7 2018

Name of Applicant: Robert	Sterk	
Home Address: 8255 Sulpl	ear Colk City: Cok	ZIP: 95-426
Mailing Address: P. O.Box /		ZIP: 95426 ZIP: 25426
Occupation: Refined	Email:	
Home Phone: (70) 22855 Work	Phone: (70) 295 6 (65 St	upervisorial District
Name of Board/Committee/Commission(s	s) you are interested in serving on	Ponel
Board/Committee/Commission category (under which you are applying, if a	oplicable:
List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): See thermal Att Mowitoring GANP Stephis Monitoring Smar		
Please briefly explain why you would like position and any other information you would like the color of the	to serve, what special qualification buld like to include as part of your water by the control of the control o	ns or expertise you may have for the application: Years Years Years Years Years Years Years Years Years Years
List community organizations to which you	u belong:	66 nt 12 years
Convictions and Penalties – Have you even penalties. (Convictions are evaluated for	er been convicted of a felony? If yeach position and are not necessary	ves, give date(s), location(s) and arily disqualifying.)
List any affiliation you or your spouse has	with public service agencies:	lone
I certify that the above information i Committee and Commission Conflic my knowledge, I have no conflict of	of Interest Policy. I agree to abi	d the Lake County Advisory Board, de by that policy and to the best of
(Signature) 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: