



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

RECEIVED

APR 27 2018

COUNTY OF LAKE
BOARD OF SUPERVISORS

Name of Applicant: Paul O. Harris

Home Address: 5770 Valley Vista Dr. City: Kelseyville ZIP: 95451

Mailing Address: " City: " ZIP: "

Occupation: Utilities Superintendent Email: pharris@cityoflakeport.com

Home Phone: (707) 533-9168 Work Phone: (707) 263-3578 Supervisorial District 5

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

Blue Ribbon Committee for the Rehabilitation of Clear Lake

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

Same

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

None

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:

I have lived in Lake County my whole life and would like to be involved in the process of improving water quality. I have treated Clear Lake for drinking my entire career.

List community organizations to which you belong:

Wine Country Water Works Association, American Water Works Association, California Rural Water Association, and Lake County Historical Society

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.)

NO

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.

Paul O. Harris III
(Signature)

4/26/18
(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: _____