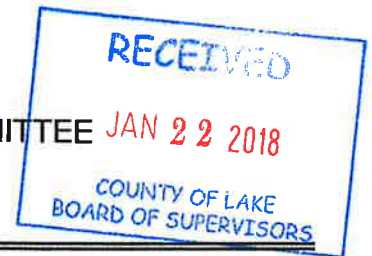




APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE



Name of Applicant: Paula Werner

Home Address: 13802 Hwy 29 City: Lower Lake ZIP: 95457

Mailing Address: Same as above City: _____ ZIP: _____

Occupation: Compliance Mgr. Email: jpw1@live.com

Home Phone: (707) 349-6114 Work Phone: (707) 275-0101 Supervisorial District: 1

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

Animal Care & Control Advisory Board

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

N/A

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

Animal Care & Control Advisory Board - 2010 to present

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'd like to serve because I care about the welfare of animals in our community.
Qualifications/expertise include 9 years with Animal Care & Control, 5 years with SPCA,
9 years on the Animal Care & Control Advisory Board.

List community organizations to which you belong:

Glenners

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.)

N/A

List any affiliation you or your spouse has with public service agencies:

N/A

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.

Paula M. Werner
(Signature)

1/16/19
(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: _____



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

Name of Applicant: Meredith Andersen

Home Address: 15872 21st Ave City: Clearlake ZIP: 95422

Mailing Address: N/A City: _____ ZIP: _____

Occupation: Personal Banker Email: merandersen9@gmail.com

Home Phone: (208) 889-4088 Work Phone: (707) 994-0294 Supervisorial District 2

Name of Board/Committee/Commission(s) you are interested in serving on:
Animal control advisory board Dist #2

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

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

N/A

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 would like to serve because clearlake can use fresh ideas. I have owned domestic + live stock animals. Have a background in project management for Hewlett Packard, ISO auditor for polynesia and procedures for any international company.

List community organizations to which you belong:

None

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:

N/A

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.

M Andersen
(Signature)

1-7-19
(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: _____



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



Name of Applicant: SUSAN A. CANNON

Home Address: 2805 SCOTTS CREEK RD. City: LAKEPORT ZIP: 95453

Mailing Address: 3083 HWY 175 City: LAKEPORT ZIP: 95453

Occupation: VETERINARIAN Email: WASSON memorial@mchsi.com

Home Phone: 707) 263-6768 Work Phone: 707) 263-5380 Supervisorial District: 4

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

ANIMAL CARE & CONTROL

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

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

CHAIR, ANIMAL CONTROL ADVISORY BOARD

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:

HAVE BEEN ON BOARD FOR 16 YEARS

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

List any affiliation you or your spouse has with public service agencies:

NONE WE OCCASIONALLY PROVIDE VETERINARY CARE/SERVICES FOR LAKE CO. ANIMAL CONTROL

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.

Susan A Cannon, DVM
(Signature)

1-14-19
(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: _____