



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

Name of Applicant: Coleta Barnhart Proctor

Home Address: 8225 Arrowpoint Road City: Lower Lake CA: 95457

Mailing Address: PO Box 1268 City: Lower Lake ZIP: CA 95457

Occupation: Retired Bookkeeper Email: coletalb@gmail.com

Home Phone: (707) 994-1128 Work Phone: (707) 350-1990 Supervisorial District 1

Name of Board/Committee/Commission(s) you are interested in serving on: LOWER LAKE COUNTY WATER WORKS, DISTRICT 1

Board/Committee/Commission category under which you are applying, if applicable:
APPOINTED BOARD OF DIRECTORS

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

LOWER LAKE COUNTY WATER WORKS, DISTRICT 1: November 17, 2015 to July 10, 2017

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 am a retired Bookkeeper and have some extra time to devote to my community. I resided on this Board previously and am aware of some of the challenges which it faces. My experience as a bookkeeper will hopefully help in curtailment of excess rate increases and enhance the District's efforts in proper financial reporting.

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

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.

Coleta Barnhart
(Signature)

July 23, 2019

(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: _____