





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

COUNTY OF LAKE BOARD OF SUPERVISORS

Name of Applicant: Lance	O William	5	
Home Address: 1/232 Loch Lo	moned RolCity: Los	h lomond	ZIP: 95427
Mailing Address: P.O. Bo.		Colabo	ZIP: 95426
Occupation: Consultant	Email: La	nce the race	or Chotmail con
Home Phone: (4/5) 946- 344 Work Ph	•	Supervisorial Distric	,
Name of Board/Committee/Commission(s) y	ou are interested in serving o	n;	
Board/Committee/Commission category und	er which you are applying, if	applicable:	NABIS
List past or present County appointments, as held (please list dates served):	s well as any other public ser		or elected positions
Please briefly explain why you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you would like to position and any other information you have a supplied to be a supplied to b	d like to include as part of your lemp Cannasis Hydro Stole in	r application:	
List community organizations to which you be	diong.		
Convictions and Penalties – Have you ever penalties. (Convictions are evaluated for each List any affiliation you or your spouse has w	ch position and are not nece	if yes, give date(s), ssarily disqualifying	location(s) and .)
Rose			
I certify that the above information is t Committee and Commission Conflict my knowledge, I have no conflict of in	of Interest Policy. I agree to	ead the Lake Count abide by that policy	and to the best of
(Signature)		(Date)	<u> </u>
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 O APPOINTED APPOINTED O TERM EXPIRI	YES NO ON: