



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

Name of Applicant: Bob MINENNA

Home Address: 15500 JUNE Bug DR City: LOWELL LAKE ZIP: 95497

Mailing Address: 15500 JUNE Bug DR City: LOWELL LAKE ZIP: 95497

Occupation: _____ Email: BOBMINENNA@aol.com

Home Phone: (707) 245-7917 Work Phone: (707) 245-7917 Supervisorial District _____

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

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):

NO

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:

BEEN SERV ON THE CEMETERY ALREADY AND WOULD STILL LIKE TO SERVE AGAIN. ALSO TRY TO IMPROVE THE CEMETERY

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.)

NO

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

NO

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.

Bob Minenna
(Signature)

01-14-2020
(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: _____