

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

Name of Applicant:ance QWilliams			
Home Address: 11232 Lochlomnd road	d City: Lochlom	nd ZIP: <b>95461</b>	
Mailing Address: P.O. Box 512 Cobb.ca	City: _cobb	ZIP:	
Occupation: Consultant	Email: Lance	theracer@hotmail.com	
Home Phone: 4.XS-20:B-7935 Work Pho	one: 41e-94jl-3491 Su	pervisorial District 5	
Name of Board/Committee/Commission(s) your Planning commission	ou are interested in serving on:		
Board/Committee/Commission category under Planning commission	er which you are applying, if ap	plicable:	
List past or present County appointments, as held (please list dates served):  Cannabis Representatives on Hemp Committee	well as any other public service	e appointments, or elected positions	
Please briefly explain why you would like to s position and any other information you would I've have sat in or watched more planning commission meetings, the I believe that all Lake residents have rights, and that they must I grew up watching land subdivisions and construction of new h	like to include as part of your a an any other person in the County. I have an u be protected. Especially as the county grow	application: understanding of article 27 and our states 4290 road standards. rs, and expands the community development.	
List community organizations to which you be Lake County Cannabis Alliance	elong:		
Convictions and Penalties - Have you ever b penalties. (Convictions are evaluated for eac I have never been convicted of a felony.			
List any affiliation you or your spouse has with None	n public service agencies:		
I certify that the above information is tru Committee and Commission Conflict of my knowledge, I have no conflict of inte	Interest Policy. Tagree to abid		
Ln"teWilllem• (Oec 12, 2020 11137 P5TJ	12/12/2020	12/12/2020	
(Signature)		(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:  YES_NO_  TERM EXPIRES:	