



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

Name of Applicant: PATRICIA BERISTIANOS

Home Address: 800 CLOVER DR City: Upper Lake ZIP: 95485

Mailing Address: 800 CLOVER DR City: Upper Lake ZIP: 95485

Occupation: RETIRED Email: pberistianos@mcsl.com

Home Phone: (707) 275-2042 Work Phone: ( ) N/A Supervisorial District 3

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

UPPER LAKE CEMETERY DISTRICT

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):

CURRENT member of the Upper Lake Cemetery District Board  
Since 2012 to present. RETIRED Deputy DIR Lake Co Public Works  
1992-2002

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 seeking reappointment to the Cemetery Board. The Cemetery District  
is facing many challenges due to COVID 19 and I would like to continue to  
participate in finding solutions to these challenges. I have extensive  
knowledge and experience in governmental budgeting and financial  
List community organizations to which you belong: Accounting  
NORTHSHORE FIRE INCIDENT Support team; NORTHSHORE FIRE Assoc  
LAKE CO HISTORICAL SOCIETY

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:

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.

Patricia Beristianos  
(Signature)

12.8.2020  
(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: \_\_\_\_\_