NOV 1 7 2020



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

Name of Applicant: June G.	Welz	
Home Address: 2911 Chalk	Mtre Way Cleres	lake Oak 311. 95423
Mailing Address: Same	City:	ZIP:
Occupation: retired	Email:	
Home Phone: 107 998 1946 Ph	one: () Su	pervisorial District
Name of Board/Committee/Commission(s) y	ou are interested in serving on:	CSA-ZAB
Board/Committee/Commission category und	er which you are applying, if ap	pplicable:
List past or present County appointments, as held (please list dates served):	well as any other public service	e appointments, or elected positions
Please briefly explain why you would like to sposition and any other information you would the state of the s	d like to include as part of your a	
List community organizations to which you b	elong:	
Convictions and Penalties – Have you ever be penalties. (Convictions are evaluated for each		
List any affiliation you or your spouse has wi	th public service agencies:	
I certify that the above information is to Committee and Commission Conflict of my knowledge. I have no conflict of int (Signature)	of Interest Policy. I agree to abi	d the Lake County Advisory Board, de by that policy and to the best of (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: