



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

Name of Applicant: Martin Snyder

Home Address: 3025 Old Highway 53

City: Clearlake

ZIP: 95422

Mailing Address: 3025 Old Highway 53

City: Clearlake

ZIP: 95422

Occupation: Detective Sergeant

Email: msnyder@clearlakepd.org

Home Phone: (707) 994-2361

Work Phone: (707) 994-8251

Supervisory District

2

Name of Board/Committee/Commission(s) you are interested in serving on: Lake County Animal Care and Control Advisory Board

Board/Committee/Commission category under which you are applying, if applicable:

Lake County Animal Care and Control Advisory Board

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): Lake County Animal Care and Control Advisory Board

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 have supervised Animal Control Staff for the City of Clearlake in the past. I have a decent understanding of the difficult challenges that Animal Control

Departments face. I have sat on several advisory boards for the City of Clearlake and would like to continue to help my community with the County of Lake.

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.)

None

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

My wife, Jacqueline Snyder, is a current board member for the Lake County Fire Protection District.

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.

(Signature)

1/16/21  
(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: \_\_\_\_\_

