

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

Name of Applicant:	LUTHER "Monte" WIN	ITERS		
Home Address:	3304 SPRING VALLE	Y RD City:	CLEARLAKE OAKS	ZIP: 95423
Mailing Address:	SAME	City:		ZIP:
Occupation:	RETIRED	Email:	monte_winters@y	yahoo.com
Home Phone: (7	07) 533 9264 Work Pho	one: ( )	Supervisorial Dis	strict 3
Name of Board/Com	mittee/Commission(s) yo	ou are interested in	serving on: CSA2 A	DVISORY BOARD
Board/Committee/Committee/Committee	ommi <b>ssion</b> category unde	er which you are ap	olying, if applicable:	
held (please list date	County appointments, as			its, or elected positions
position and any oth	n why you would like to s er information you would s much left to do in Spring Lake Recovery, Wate	like to include as pog g Valley that require	art of your application: es community involvement	
	nizations to which you be	elong: CSA2 Advisory Boa	rd	
	nalties – Have you ever bons are evaluated for eac			
List any affiliation yo	u or your spouse has with	h public service age NONE	encies:	
Committee an	ne above information is truid Commission Conflict of inte	Interest Policy. I a		
	(Signature)	Lun	1 JANUARY 2 (Date)	021
PLEASE RETURN COM		Clerk of the Board of S 255 N. Forbes St. Lakeport, CA 95453 FAX (707) 263-2207	******************************	D YES_ NO_ D ON: