

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

Name of Applicant: CALVINE, Higgins	
illog	
Address: P.O. Box 847 City: Midd	letown ZIP: 95461
Mailing Address: 21573 Pine St. City: Midd	1.1 = 710. Q Tole 1
Address: 215/3 / Me 71. City: /VC.Out	12 10 W X ZIP: 73 76 M
Occupation: welder/mechanic/retired Email: Calv	in edviche yahoo, con
Home Phone: (707)957-2169 Work Phone: (707) 331-6525 Su	
Name of Board/Committee/Commission(s) volutare interested in serving one	entruste e
Board/Committee/Commission category under which you are applying, if ap	splicable: Same as about
List past or present County appointments, as well as any other public service held (please list dates served):	
neid (please list dates served): UP, Gibson Musium	5 years
Number of relatives (as my dad us	se to say planted
List community organizations to which you belong:	
Convictions and Penalties - Have you ever been convicted of a felony? If y	ves, give date(s), location(s) and
penalties. (Convictions are evaluated for each position and are not necessary	arily disqualifying.)
None	
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	d the Lake County Advisory Board,
Committee and Commission Conflict of Interest Policy. I agree to abi	
my knowledge. have no conflict of interest.	
(Signature)	3-16-21
(Signature)	(Date)
PLEASE RETURN COMPLETED FORM TO: Clerk of the Board of Supervisors	For Board Use Only:
255 N. Forbes St. Lakeport, CA 95453	APPOINTED YES NO
FAX (707) 263-2207	APPOINTED ON:
	TERM EXPIRES: