

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

Name of Applicant: FRAM	JUS 61N	COLN		
Home Address July R. C. Ser	Yever Dr. e	266 Z	TP: 95426	
Mailing Address: 1020 BDD 1			OP: 55 Y2K	
Occupation: TNV25716	ATOO Email: F	OR NELLINE	LANGE RESERVED	W 25
Occupation: Two Vast 116s. Home Phone: (2-5) 6-25-7 Work	Phone: 7(2.5) 2073	Supervisorial District		The state of
Name of Board/Committee/Commission(s) you are interested in serving	on: 22 a 3 < 6.6.6	actiony.	
Board/Committee/Commission category u				
List past or prosent County appointments, held (please list dates served):			•	
Please briefly explain why you would like to position and any other information you wo	uld like to include as part of vo	ur application	•	
List community organizations to which you	ı belong:			
, , , , , , , , , , , , , , , , , , ,		0 155 0 555		
Convictions and Penalties – Have you eve penalties. (Convictions are evaluated for マーラ	er been convicted of a folony? each position and are not nece	If yos, give date(s), loo ssarily disqualitying.)	cation(s) and	
List any affiliation you or your spouse has	with public service agencies: シュール・ハー・ハー・ハー・カー・メイン・メージ・メ	pationafin	- I FOS. H.A. DIT	1 - 1 3 1 pm
Leartify that the above information is Committee and Commission Conflic my knowledge, I have no conflict of	s true and correct, and I have re It of Interest Policy. I agree to	ead the Lake County A	Advisory Board.	. ~ 2
(Signature)		フィンフ・2 (Date)	1	
PLEASE RETURN COMPLETED FORM TO:	Clork of the Board of Supervisors 265 N. Forbes St. Lakoport, CA 95453 FAX (707) 263-2207	100 mm	YES NO	