## <u>APPLICATION</u> – LAKE COUNTY COMMISSION/COMMITTEE/BOARD/COUNCIL

PRINTED NAME:	DATE:
ADDRESS:	
HOME PHONE:	WORK PHONE:
E-MAIL:	
Please list any Lake County advisory commissions, boa	ards, or committees that you currently serve on:
Lake County Board of Commissioners reserve the r boards, committees, or councils an individual serves board that you are applying for.	
Agriculture Advisory Board	Airport Advisory Committee
BLM-County Grazing Board	Board of Property Tax Appeals
Budget Committee	Commission on Children & Families Board
	Community Development Loan Advisory
	Elected Official Compensation Review
Facility/Security/Safety Committee	Fair Board
Mental Health Advisory Board	Museum Board
Oregon Cultural Trust Committee	Planning Commission
	Road Advisory Committee
	Vehicle Advisory Committee
Weed Board	Other
as: medical profession, arts, education, mental hear interest area or area of expertise:  Please state your reason for wanting to serve on the	
	to Board specified.
Background Information:	
Have you ever been convicted of a crime (feld	ony or misdemeanor), other than minor
traffic violations Yes No	· /·
If yes, of what crime, when and where were y	ou convicted?
I certify that, to the best of my knowledge, the	9 9
Signature	<del>_</del>
Lake County reserves the right to take all necessity provided in this application.	essary steps to verify the information
***PLEASE ATTACH A LETT	ER OF INTRODUCTION!***
Completed Applications must be submitted to	: Lake County Board of Commissioners 513 Center Street Lakeview, OR 97630