



MENDOCINO COUNTY BOARD OF SUPERVISORS
APPOINTMENT OF INTEREST APPLICATION

COMMITTEE NAME _____	Date _____
Representational Category _____	
NAME _____	PHONE _____
ADDRESS _____	

AVAILABILITY TO ATTEND MEETINGS:

Night Meetings _____

Day Meetings _____

Ukiah Only _____

Other _____

Special Expertise, Experience or Interest in This Area:

I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury under the laws of the State of California, that the information on this application is true and correct.

I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests.

Applications will be kept on file for one year.

Signature _____ Dated _____

Date Appointed: _____ Term _____

Return completed application to:
The Mendocino County Clerk of the Board's Office
501 Low Gap Road, Room 1090
Ukiah, CA 95482
or fax to (707) 463-4245