



**MENDOCINO COUNTY BOARD OF SUPERVISORS  
APPOINTMENT OF INTEREST APPLICATION**

**Committee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Representational Category:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address (Per Voter Registration):** \_\_\_\_\_

**Address (Mailing):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**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:** \_\_\_\_\_

*For Clerk's Use Only*

**Date Appointed:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**Return completed application to:**  
The Mendocino County Clerk of the Board's Office  
501 Low Gap Road, Room 1010  
Ukiah, CA 95482  
or Fax to (707) 463-7237