



**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*

CLERK OF THE BOARD – PUBLIC OFFICE HOURS (MONDAY-THURSDAY, 8:00 A.M. – 5:00 P.M.)