APPLICATION FOR APPOINTMENT TO THE CITY OF LAKEPORT ADVISORY BOARD, COMMISSION, OR COMMITTEE



Committee or Commission applying for (Please check one):

Lakeport Economic Development Advisory Committee (LEDAC) \square Measure Z Advisory Committee (MZAC) \square Lake County Vector Control District Board \square Traffic Safety Advisory Committee \square

Parks & Recreation Commission \square Lakeport Fire Protection District Board \square

Planning Commission □		
APPLICANT NAME:		
ADDRESS:		
HOME PHONE:	WORK PHON	E:
EMAIL ADDRESS:		
LIVIAIL ADDINESS.		
Please include a brief statement as to why ye have for the position and/or any other infor		
That's for the position analyst any other information you would like to include as part or your application.		
	_	
(Continue on ro	vorce side if necessary, or ettech av	dditional information)
Signature:	verse side if necessary, or attach ac	Date:
	5 11 1 1 1 1 6 0 11	
Please return form to: City Clerk City of Lakeport	Email to: admininfo@cit	tyoflakeport.com
225 Park Street		
Lakeport, CA 95453		
FOR CITY USE ONLY - APPLICANT, PLEASE DO NOT COMPLETE THIS SECTION		
Appointment: Approved Length	th of Term:	Date:
	51 101111.	Succ.
Denied From	to	