

Lyon County
Application to Serve on Board or Commission

Please note that all information contained in this application is considered public record and available for public review.

Name: _____

Check the Board or Commission for which you are applying (one per application):

- | | |
|---|---|
| <input type="checkbox"/> Dayton Regional Advisory Board | <input type="checkbox"/> Mason Valley Advisory Board |
| <input type="checkbox"/> Mound House Advisory Board | <input type="checkbox"/> Silver City Town Advisory Board |
| <input type="checkbox"/> Silver Springs Advisory Board | <input type="checkbox"/> Smith Valley Advisory Board |
| <input type="checkbox"/> Stagecoach Advisory Board | <input type="checkbox"/> Animal Control Advisory Board |
| <input type="checkbox"/> Silver City Cemetery Board | <input type="checkbox"/> Smith Valley Cemetery Board |
| <input type="checkbox"/> Lyon County Fair Board | <input type="checkbox"/> Dayton Valley Events Center Board |
| <input type="checkbox"/> Library Board of Trustees | <input type="checkbox"/> Mason Valley Mosquito Abatement |
| <input type="checkbox"/> Central Lyon Park & Recreation Board | <input type="checkbox"/> Smith Valley Park & Recreation Board |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Debt Management Commission |
| <input type="checkbox"/> Regional Transportation Board | <input type="checkbox"/> Room Tax Board |
| <input type="checkbox"/> Central Lyon Vector Control Board | <input type="checkbox"/> Walker River Weed Control Board |
| <input type="checkbox"/> Advisory Board to Manage Wildlife | <input type="checkbox"/> 911 Surcharge Committee |

Home Address:

Address: _____

Phone: _____ Email: _____

Occupation and Business Address:

Job Title: _____

Business Name: _____

Address: _____

Phone: _____ Email: _____

Contact Information: if appointed, the address, phone number and email address you wish to use for your contact information?

- Business Home

How long have you been a resident of Lyon County? _____

Are you currently registered to vote? _____

Have you attended any board or commission meetings in the last year? If yes how many? _____

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes___

No___

If yes please list conviction dates and nature:_____

Board or Commission Application

List boards or commissions you presently serve on or have served on in the past (include dates of service)

Education and/or training relevant to the position you are applying for:_____

Explain briefly why you would like to be appointed to this board or commission:_____

By signing this application you agree to attend training classes as scheduled.

I certify that, to the best of my knowledge, the information I provided in this application is true. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal, if appointed.

Name: _____

Signature: _____ Date: _____

Please return the application to:

Lyon County Manager's Office
27 South Main Street
Yerington, Nevada 89447
775.463.6531 Fax: 775.463-6533

Notice:

At the meeting to consider your application for appointment to _____, the Board or Commission, or the County Commission, may consider your character, alleged misconduct, professional competence, or physical or mental health. This notice is provided pursuant to NRS 241.031 and 241.033. The topics of discussion will relate to your ability to serve in the position for which you have applied. If the Advisory Board of County Commission desires to close the meeting, they must allow you to: (a) attend the closed meeting or that portion of the closed meeting during which the character, alleged misconduct, professional competence, or physical or mental health of the person is considered; (b) have an attorney or other representative of the person's choosing present with the person during the closed meeting; and (c) present written evidence, provide testimony and present witnesses relating to the character, alleged misconduct, professional competence, or physical or mental health of the person to the public body during the closed meeting. You will not receive any additional notice, and by signing this application you hereby agree to waive any right to future notice pursuant to NRS Chapter 241.

Dated: _____

By: _____

Printed Name: _____