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.

Check the Board or Commission for which you are applying: Mound House Advisory Board 911 Surcharge Committee ☐ Planning Commission Advisory Board to Manage Wildlife Animal Control Advisory Board Regional Transportation Board Central Lyon Park & Recreation Board Room Tax Board Central Lyon Vector Control Board Silver City Cemetery Board Dayton Regional Advisory Board Silver City Town Advisory Board Silver Springs Advisory Board Dayton Valley Events Center Board Debt Management Commission Smith Valley Advisory Board Library Board of Trustees Smith Valley Cemetery Board Smith Valley Park & Recreation Board Lyon County Fair Board Mason Valley Advisory Board Stagecoach Advisory Board Mason Valley Mosquito Abatement Walker River Weed Control Board Contact Information: Name:_____ Address: Phone: Email: How long have you been a resident of Lyon County? Are you currently registered to vote? Yes No How many board or commission meetings have you attended in the last year? 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:

List boards or commissions you presently serve on or have served on in the past including 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.

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Signature:	Date:
Please return the application to:	
Email: <u>elopez@lyon-county.org</u> Or	
Lyon County Manager's Office 27 South Main Street	
Yerington, Nevada 89447 Office: (775)463-6531; Fax: (775)463-	6500
misconduct, professional competence, or phy pursuant to NRS 241.031 and 241.033. The serve in the position for which you have appli desires to close the meeting, they must allow y of the closed meeting during which the charactor or physical or mental health of the person representative of the person's choosing presentative of the person all person and person all persons the person all	rappointment to the
Chapter 241. Signature:	Date:
Name:	