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MAR - 1 2011

COUNTY OF NAPA
EXECUTIVE OFFICE

February 24, 2011

Will Nord
[REDACTED]

Napa, CA 94558

RE: Napa County Winegrape Pest and Disease Control District Board

Dear Will Nord:

The term of your position representing the Napa County Winegrape Pest and Disease Control District Board expires on 3/26/2011.

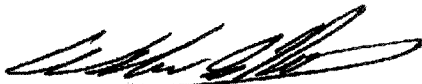
If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another 3-year term, as you have been a valued member of the Board.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

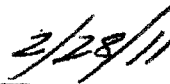
Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Winegrape Pest and Disease Control District Board for the term *commencing immediately and expiring 3/26/2014*.

I confirm by signing below that all the information on my application is current; or

Some of the information on my prior application is no longer correct. A new application is attached.



SIGNATURE



DATE

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COUNTY OF NAPA
EXECUTIVE OFFICE

eAFA

County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176

**APPLICATION FOR APPOINTMENT TO
BOARD, COMMISSION, COMMITTEE OR TASK FORCE**

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Winegrove Pest & Disease Control Bd.

*Category of membership for which you are applying:
(This information can be found on the news release announcing the opening.
You may apply for more than one category if more than one position is open.)

member

*Supervisory District in which you reside:

Luce (2?)

*Full Name

Nord, William G.

Date

2/28/11

*Current Occupation (within the last twelve (12) months):

Winegrove owner

Current License (Professional or Occupational); Date of issue and/or expiration including status:

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

B.S. & MA UCD

Community participation (nature of activity and community location):

This board 10st 8 yrs.

Other County Board/Commission/Committee on which you serve/have served:

planning com

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 2

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Winegrove P&D control Bd.

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

Jon Kapagy

*Address

*City

Napa

*State *Zip Code

*CA**94558*

*Telephone

*Name

Don Clark

*Address

*City

Napa

*State *Zip Code

*CA**94558*

*Telephone

*Name

Mark Luce

*Address

Napa Co. supervisor

*City

*State *Zip Code

*Telephone

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

To continue to spend assessment funds wisely

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Page 3

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Winters PD Bd.

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

Wilbur G. Lord

*e-mail Address

[REDACTED]

*Home Address

[REDACTED]

*Work Address

SOMC.

*City

Napa

State

CA

*Zip Code

94550

*City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

*Telephone

[REDACTED]

Telephone

SOMC.