

A Tradition of Stewardship A Commitment to Service

RECEIVED

JAN 0.3 2020

NAPA COUNTY EXECUTIVE OFFICE **County Executive Office**

1195 Third Street, Suite 310 Napa, CA 94559 www.countyofnapa.org

> Main: (707) 253-4421 Fax: (707) 253-4176

Minh C. Tran County Executive Officer

December 26, 2019

Gene Rose

Napa CA 94558

Re: Napa County Dangerous Animal Hearing Panel

Dear Mr. Rose:

The term of your position representing the category of **First Alternate** on the **Napa County Dangerous Animal Hearing Panel** expires on January 31, 2020.

If you wish to request reappointment, please check the appropriate <u>boxes</u> 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 three-year term, as you have been a valued member of the Napa County Dangerous Animal Hearing Panel.

If any of the information on your last application for appointment has changed or is 5 years old or older, please contact the Napa County Executive Office to obtain a new application and return the new application with your reappointment request or go to the following link to complete your application online: <u>Link to Napa County Committees and Commissions page</u>.

Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Dangerous Animal Hearing Panel** for the term commencing immediately and expiring January 31, 2023.

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

Some of the information on my last application is no longer correct or is five (5) years old or older. A new application is attached.

SIGNATURE

01/03/2020 DATE

www.countyofnapa.org FAX (707) 253-4176





A Tradition of Stewardship A Commitment to Service

RECEIVED

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

JAN 25 2017

NAPA COUNTY eA

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

NOTE: Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is **not** regarded as confidential **except** for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

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

For information about Form 700 Conflict of Interest Code click on this link Committee List of Form 700 Filers *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Dangerous Animal Heaving Panel *Category of membership for which you are applying: (This information can be found on the news release announcing the opening. *Supervisorial District in which you reside: You may apply for more than one category if more than one position is open.) *Date: *Full Name: 74-2017 Gene *Current Occupation: (within the last twelve (12) months) Detived *Current License: (Professional or Occupational, date of issue and/or expiration including status) NIA *Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.) Refired Ag, Biogest *Community Participation: (Nature of activity and community location)

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

| | COMMITTEES, OR TASK FORCE Page 2 |
|---|----------------------------------|
| *Application for Appointment to: (Name of Board, Commission, Comm Pangerous Animal Panal | nittee or Task Force) |
| Names, addresses and phone number of three (3) individuals familiar | with your background: |
| *Name: | *Name: |
| Gene ROSE Dauglas A. Bell | Jim Schee |
| *Address: | *Address: |
| | |
| *City: *State: *Zip Code: | *City: *State: *Zip Code |
| HAPA DAK Lang Ca 94505 | Piñe grove Ca 9566 |
| *Telephone: | *Telephone: |
| | |
| *Name: | |
| 1 Cen Laurey | |
| *Address: | |
| | |
| *City: *State: *Zip Code: | |
| Eneson Co 93725 | |
| *Telephone: | |

| *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Pangerus Anima) Hearing Panel APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: Gausse *Work Address: | oplication REV May 2014.pdf 2 / 3 | ▼ × × |
|---|--|---|
| *Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute: To give back APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE Page *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Page *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Page *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Page *Application for Appointment for page of Task Force | Name and occupation of spouse within the last 12 months, if m | narried (For Conflict of Interest purposes): |
| APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) *Payarus Ruma) Hearing Payar APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. **PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: **remail Address: **Gue Post* **Work Address: **Junca* **State: **Zip Code: **City: **State: **Zip Code: **City: **State: **Zip Code: **Telephone: **Telephone: | Retured | |
| APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE Page *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Pangeus Anima) Hearing Pange APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointment. *Full Name: *Full Name: *Work Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | *Please explain your reasons for wishing to serve and, in your | opinion, how you feel you could contribute: |
| *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Pangerus Anima) Heaving Panel APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | To que bock | |
| *Application for Appointment to: (Name of Board, Commission, Committee or Task Force) Pangerus Anima) Heaving Panel APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | | |
| APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | | |
| APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | | |
| All applications will be kept on file for one year from the date of application. PERSONAL INFORMATION The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | Pangerus Animal Heaving | Panel |
| *Full Name: *Full Name: **Work Address: **City: **State: *Zip Code: **Telephone: **Telephone: | APPLICANTS APPOINTED BY THE BOARD OF SUPERVISO | ORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE. |
| The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee. *Full Name: *email Address: *Work Address: *Work Address: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | All applications will be kept on file for one year from the date o | of application. |
| *Full Name: *Full Name: *Work Address: **City: *State: *Zip Code: *Telephone: *Telephone: | <u>PERS</u> (| ONAL INFORMATION |
| **Telephone: **Work Address: **Work Address: **City: **State: **Zip Code: **City: **State: **Zip Code: **Telephone: **Telephone: | | |
| *Home Address: *Work Address: *Gane *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | *Full Momo: | *amail Address: |
| *Home Address: *Work Address: *Ga ** 2 *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | | email Address. |
| *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | Gene 12036 | |
| *City: *State: *Zip Code: *City: *State: *Zip Code: *City: *State: *Zip Code: *Telephone: *Telephone: | *Home Address: | *Work Address: |
| NAPA Ca 94555 Some *Telephone: | | Same |
| *Telephone: *Telephone: | *City: *State: *Zip Code: | *City: *State: *Zip Code |
| | NAPA Ca 94559 | Same |
| Soama | *Telephone: | *Telephone: |
| | | San |