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Copy to Supervisor - District

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk of the Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please trint in ink or type.

period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in link or type.
1. Board/Commission Applying for: (DUNTY ASSESSMENT Appeals Board 2. Today's Date: 3/25/13
3. Name: Uendi-Mac - 4. E-Mail Address: Wendimal - Wendimal - Wendimal
Last First Middle
5. Addrawa
7. Occupation/Title: ASSOCIATE
8. List all County board, commissions or committees, of which you are now  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
9. Summary of qualifications related to group(s) listed above. (What experience or special knowledge do you bring to your area of interest?)  Worked will wavely residents and Attorneys for Estate in EDC for 1904 12, Specifically, with professional and/or community groups:
10. Affiliations with professional and/or community groups: EDDOC, CAR, NAR, CNS, GRI also member Uf EDCAR
11. Why do you seek appointment?  Keal Estate. 'n general, has always been a passion of mine tourseling negotiating investing-you have It I-t is what I am almost 240/7-19ou
12. Additional Information: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.
Please See attached resume - Many Commun-
13. Indicate Supervisor who will receive a copy of this application: R3M MIKUIOCO
Appointees to Boards, Commissions or Committees are not considered to be County employees for purposes of benefits, such as
Workers Compensation, nealth insurance, etc.  3/25/13
Signature of Applicant Date
REVISED 1/6/2011 11:55 AM  You can save this completed application and attached to an email and send to edc.cob@edcgov.us

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