Profile				
Robert	Keiffer			
First Name	Last Name			
Full/Legal Name (if di	ferent than name p	rovided above)		
Email Address			_	
Primary Phone	Alternate Phon	ne		
Street Address			Suite or Apt	
City			State	Postal Code
Mailing Address (if di	ferent than Street/F	Physical address)		
Are you currently reg	stered to vote at th	e Street Address v	ou provided?	
			od providod i	
○ Yes ○ No				
Note: If you answered Document Proving Me				
application will not be		<u> </u>	001 101 4 110014011	<u>oy</u> , you.
Upload Alternate Proof of Residency or	Request for			
Residency Waiver	riequest for			
Which Boards would	you like to apply for	r?		
Hopland Cemetery Distri	ct: Archived			
Tropiana Comotory Bload	5t. 7 ti 5t. 11 GG			
Which position, seat,	or representational	category would yo	u prefer?	
LaFCo representation?				
Availability to Attend	 Meetinas			
<ul><li>✓ Night Meetings</li><li>✓ Day Meetings</li></ul>				
✓ Day Meetings ✓ Ukiah Only				

nterests & Experiences					
District SU					

## Certification

Please read the following statements and indicate your acceptance thereof.

I hereby certify that I am a resident in the State of California, County of Mendocino and am at least 18 years of age. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury, under the laws of the State of California, that the information on this application is true and correct. I understand that assuming this public responsibility could result in public knowledge of my background and/or qualifications, including financial interests. Applications will be kept on file for one year.

✓ I Agree \*