Profile				
Roberta A.	Hurt Last Name			
Full/Legal Name (if different t	han name provided	above)		
Email Address				
Primary Phone	Alternate Phone			
Street Address			Suite or Apt	
City			State	Postal Code
Mailing Address (if different t	han Street/Physical	address)	ciale	i oota oodo
Are you currently registered	to vote at the Street	Address you p	rovided?	
⊙ Yes ⊜ No				
Note: If you answered "No" to Document Proving Mendocin application will not be process	o County Residenc		-	
.,				
Upload Alternate Proof of Residency or Request for Residency Waiver	_			
Which Boards would you like	to apply for?			
Covelo Public Cemetery District:	Submitted			
Which position, seat, or repre	esentational catego	ry would you pr	efer?	
President				
Availability to Attend Meeting	js			
□ Day Meetings				
Availability to Attend Meeting	gs (Other)			

-				
Interests & Experiences Special Expertise, Experience, or Interest in This Area?				
Upload a Resume	-			
Upload Additional Supporting Documents				
Upload Additional Supporting Documents				
Upload Additional Supporting Documents	-			

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 *