## Profile

Elora

Babbini

Last Name

### Full/Legal Name (if different than name provided above)

### Elora Babbini

Email Address				
Primary Phone	Alternate Phone			
Street Address		Su	uite or Apt	
City		St	ate	Postal Code

## Mailing Address (if different than Street/Physical address)

## Are you currently registered to vote at the Street Address you provided?

#### ⊙ Yes ⊖ No

# Note: If you answered "No" to the previous question and do not upload an <u>Alternate Document Proving Mendocino County Residency</u> or <u>a Request for a</u> <u>Residency Waiver</u>, your application will not be processed.

Upload Alternate Proof of Residency or Request for Residency Waiver

## Which Boards would you like to apply for?

Mendocino County Planning Commission: Submitted

### Which position, seat, or representational category would you prefer?

District 2

## **Availability to Attend Meetings**

Day MeetingsUkiah Only

## **Availability to Attend Meetings (Other)**

## **Interests & Experiences**

## Special Expertise, Experience, or Interest in This Area?

Served as Mendocino county chief planner for the Cannabis Department, currently working in compliance for Dudek.

Babbini\_Elora.docx

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 \*