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**Profile**

Robert L.

First Name

Scott

Last Name

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

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Email Address

Primary Phone

Alternate Phone

Street Address

Suite or Apt

City

State

Postal Code

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

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

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☐ Yes ☐ No

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

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Upload Alternate Proof of Residency or Request for  
Residency Waiver

**Which Boards would you like to apply for?**

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Westport Municipal Advisory Council: Appointed

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

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**Availability to Attend Meetings**

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None Selected

**Availability to Attend Meetings (Other)**

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## Interests & Experiences

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

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Upload a Resume

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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Upload Additional Supporting Documents

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## Certification

Please read the following statements and indicate your acceptance thereof.

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I hereby certify that I am a registered voter in the State of California, County of Mendocino, a citizen of the United States, and will be at least 18 years of age at the time of the next election. 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.

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☐ I Agree \*