

# WASHOE COUNTY CITIZEN ADVISORY BOARDS



## Membership Application

### Incline Village/Crystal Bay CAB

*(Please type or print legibly, and complete the form in its entirety.)*

Name:	Nick Name (if preferred):
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#### Residential Home Address

Address:		
City:	State:	Zip:
Assessor's Parcel Number (if known):		
Home Phone:	Email:	

#### Mailing Address (if different from residential home address)

Street and/or P.O. Box:		
City:	State:	Zip:

#### Occupation and Business Address

Job Title:		
Business Name:		
Address (Street and/or P.O. Box):		
City:	State:	Zip:
Business Phone:	Email:	

#### Registered Voter

<p><b>Are you registered to vote in Washoe County?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>The Washoe County Commission requires that a person be a registered voter in Washoe County (if eligible to vote) to be considered for membership on a Citizen Advisory Board. This requirement may be waived on a case-by-case basis by the County Commission.</p>
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How long have you lived in the Citizen Advisory Board area? (yrs. /mos. )
How long have you lived in Washoe County? (yrs. /mos. )
Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list conviction dates and nature:

Positions are limited to Washoe County residents living within the CAB's geographic area. CAB maps are available at [www.washoecounty.us/cab](http://www.washoecounty.us/cab), then choose "Citizen Advisory Board Maps". A conscientious effort is made to appoint persons who represent all of the various communities within the CAB area. You may apply for the At-Large and At-Large Alternate positions. Please check the appropriate box(es). Additionally, one IVGID Representative and one IVGID Alternate are represented by the Incline Village General Improvement District (IVGID).

<input type="checkbox"/> At-Large (6 positions)	<input type="checkbox"/> At-Large Alternate (1 position)
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The Incline Village/Crystal Bay CAB meets the fourth Monday in February, May, June, July, August and November at 6:30 p.m. in the Incline Village GID Meeting Room, 893 Southwood Blvd. in Incline Village, and the meetings average 2-3 hours in duration.

Explain briefly, in your own words, why you would like to be appointed to the Citizen Advisory Board. Please attach any additional information you wish.

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*I understand the role and responsibility of membership on this CAB and am willing to serve. If appointed, I will attend required meetings and training and will adhere to the CAB bylaws. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal. If appointed, I agree to attend a CAB new member orientation session within six months of my appointment. I understand that failure to comply with this requirement will result in automatic removal from the Citizen Advisory Board.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE APPLICATION TO:**

Sheri Ingley, Program Assistant, Community Support Services Program  
Washoe County Department of Community Development  
P.O. Box 11130, 1001 E. Ninth Street, Room 275, Reno, NV 89520-0027  
Phone: 775.328.3612; Fax: 775.328.6133; Email: [singley@washoecounty.us](mailto:singley@washoecounty.us)

Date Received: \_\_\_\_\_ Jurisdiction (city/county): \_\_\_\_\_

Commission District: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

**This document is part of the public file  
and is available for public review.**