

**PROOF OF POSTING PURSUANT TO**

**NRS 241.020(4)**

The undersigned, Kathy Carpenter, hereby certifies that on the 26<sup>th</sup> day of February, 2016 at approximately 8:30 o'clock A.M., I posted the Agenda of the meeting of the Washoe County Senior Services Advisory Board scheduled for March 2, 2016, by emailing said agenda, with a cover sheet including posting instructions to the following posting locations:

**Incline Village Recreation Center, 980 Incline Way, Incline Village, Nevada**

Attn: Jennifer Moore Email Jennifer.moore@ivgid.org

**Gerlach Senior Center, 385 E Sunset Blvd., Gerlach, Nevada**

Attn: \_\_\_\_\_ Email GerSenCtr@washoecounty.us

I also certify that I have faxed said agenda, with a cover sheet including posting instructions, to the following posting locations.

**Washoe County Senior Center, Sparks: 95 Richards Way, Sparks, Nevada**

Attn: \_\_\_\_\_ Fax# 775.353.3115

**Washoe County Senior Center Sun Valley, 115 W 6<sup>th</sup> Street, Sun Valley, Nevada**

Attn: \_\_\_\_\_ Fax# 775.674.4418

**Incline Village Library, 845 Alder Ave, Incline Village, Nevada**

Attn: \_\_\_\_\_ Fax# 775.832.4180

I further certify that I personally posted a copy of said agenda at:

**Washoe County Senior Services, 1155 E 9<sup>th</sup> Street, Reno, Nevada**

**Washoe County Administration Building, 1001 E 9<sup>th</sup> Street, Bldg A, Reno, Nevada**

**Washoe County Health Department, 1001 E 9<sup>th</sup> Street Bldg B, Reno, Nevada**

DATED this 26<sup>th</sup> of February, 2016.

Kathy Carpenter  
Signature of Person Posting

**PROOF OF POSTING PURSUANT TO**

**NRS 241.020(4)**

The undersigned, SIANA E. CARTER, hereby certifies that on the 25<sup>th</sup> day of FEBRUARY, 2016, at approximately 1:50 o'clock P.M., I posted the Agenda of the meeting of the Washoe County Senior Services Advisory Board scheduled for March 2, 2016, by emailing said agenda, with a cover sheet including posting instructions to the following posting locations:

**Incline Village Recreation Center**, 980 Incline Way, Incline Village, Nevada

Attn: Jennifer Moore Email Jennifer.moore@ivgid.org

**Gerlach Senior Center, 385 E Sunset Blvd.**, Gerlach, Nevada

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**Washoe County Health Department**, 1001 E 9<sup>th</sup> Street Bldg B, Reno, Nevada

DATED this 26<sup>th</sup> of February, 2016.

Siana E. Carter  
Signature of Person Posting



# WASHOE COUNTY SENIOR SERVICES

DATE: 2/25/2016

Send to:  
 Gerlach Senior Center: [GerSenCtr@washoecounty.us](mailto:GerSenCtr@washoecounty.us)  
 Incline Village Library: 775.832.4180  
 Incline Village Rec Center: [Jennifer\\_moore@ivaid.org](mailto:Jennifer_moore@ivaid.org)  
 Sparks Senior Center: 775-353-3115  
 Sun Valley Senior Center: 775.674.4418

From: Washoe County Senior Services  
 Office Location: 1155 E 9<sup>th</sup> Street Reno NV 89512  
 Phone Number: 775.328.2576  
 Number of Pages, Including Cover:

COMMENTS: AGENDA FOR MEETING OF WASHOE COUNTY SENIOR SERVICES ADVISORY BOARD

ON WEDNESDAY, MARCH 2, 2016

PLEASE POST AGENDA BEFORE 9:00AM ON

FRIDAY, FEBRUARY 26, 2016

PLEASE COMPLETE AND RETURN THIS COVER SHEET TO:

DIANA E. CARTER  
 FAX: 775.328.6192  
 EMAIL: [DCARTER@WASHOECOUNTY.US](mailto:DCARTER@WASHOECOUNTY.US)

NAME: D. Hatman DATE: 2-25-16 TIME: 2:00 pm  
 ENTITY/DEPT. Sparks Sr. Center

**THANK YOU**

# fax cover

Washoe County Senior Services  
 1155 E 9<sup>th</sup> Street, Reno, NV 89512  
 775.328.2576 | 775.328.6192  
[dcarter@washoecounty.us](mailto:dcarter@washoecounty.us)

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\*\*\* FAX TX REPORT \*\*\*  
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TRANSMISSION OK

JOB NO.	3259
DEPT. ID	11202
DESTINATION ADDRESS	98324180
SUBADDRESS	
DESTINATION ID	
ST. TIME	02/25 13:50
TX/RX TIME	00' 30
PGS.	3
RESULT	OK
COMM. MODE	ECM



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Incline Village Rec Center: [Jennifer.moore@ivgld.org](mailto:Jennifer.moore@ivgld.org)

Sparks Senior Center: 775-353-3115

Sun Valley Senior Center: 775.674.4418

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ENTITY/DEPT. \_\_\_\_\_

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\*\*\* FAX TX REPORT \*\*\*  
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TRANSMISSION OK

JOB NO.	3260
DEPT. ID	11202
DESTINATION ADDRESS	93533115
SUBADDRESS	
DESTINATION ID	
ST. TIME	02/25 13:52
TX/RX TIME	00' 56
PGS.	3
RESULT	OK
COMM. MODE	ECM



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ENTITY/DEPT. \_\_\_\_\_

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\*\*\* FAX TX REPORT \*\*\*  
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TRANSMISSION OK

JOB NO.	3261
DEPT. ID	11202
DESTINATION ADDRESS	96744418
SUBADDRESS	
DESTINATION ID	
ST. TIME	02/25 13:53
TX/RX TIME	01' 09
PGS.	3
RESULT	OK
COMM. MODE	ECM



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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

ENTITY/DEPT. \_\_\_\_\_