



CLERK OF THE BOARD
COUNTY OF HUMBOLDT

825 FIFTH ST. EUREKA, CA 95501-1153
PHONE: 707-476-2384 FAX: 707-445-7299

**APPLICATION TO SERVE ON THE HUMBOLDT COUNTY
ASSESSMENT APPEALS BOARD**

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Home: _____ Work: _____ Fax: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

PERSONAL REFERENCES:

1. _____ PHONE: _____

2. _____ PHONE: _____

PRIOR ADVISORY BOARD OR BOARD OF DIRECTORS EXPERIENCE?

**PLEASE WRITE A BRIEF STATEMENT DESCRIBING WHY YOU ARE INTERESTED
IN SERVING ON THE ASSESSMENT APPEALS BOARD**

PLEASE ATTACH A CURRENT RESUME.

DATE: _____ SIGNATURE: _____

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Applications will be accepted via email at cob@co.humboldt.ca.us or by mail to Humboldt County Clerk of the Board, 825 Fifth St., Suite 111, Eureka, CA 95501

For county use only.

DATE RECEIVED _____ DATE APPROVED _____ NOT APPROVED _____