

Lyon County
Application to Serve on Board or Commission

Please note that all information contained in this application is considered public record and available for public review.

Check the Board or Commission for which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> 911 Surcharge Committee | <input type="checkbox"/> Mound House Advisory Board |
| <input type="checkbox"/> Advisory Board to Manage Wildlife | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Animal Control Advisory Board | <input type="checkbox"/> Regional Transportation Board |
| <input type="checkbox"/> Central Lyon Park & Recreation Board | <input type="checkbox"/> Room Tax Board |
| <input type="checkbox"/> Central Lyon Vector Control Board | <input type="checkbox"/> Silver City Cemetery Board |
| <input type="checkbox"/> Dayton Regional Advisory Board | <input type="checkbox"/> Silver City Town Advisory Board |
| <input type="checkbox"/> Dayton Valley Events Center Board | <input type="checkbox"/> Silver Springs Advisory Board |
| <input type="checkbox"/> Debt Management Commission | <input type="checkbox"/> Smith Valley Advisory Board |
| <input checked="" type="checkbox"/> Library Board of Trustees | <input type="checkbox"/> Smith Valley Cemetery Board |
| <input type="checkbox"/> Lyon County Fair Board | <input type="checkbox"/> Smith Valley Park & Recreation Board |
| <input type="checkbox"/> Mason Valley Advisory Board | <input type="checkbox"/> Stagecoach Advisory Board |
| <input type="checkbox"/> Mason Valley Mosquito Abatement | <input type="checkbox"/> Walker River Weed Control Board |

Contact Information:

Name: Mandy A. Bennett

Address: PO Box 507 Silver Springs, NV 89429

Phone: 775-671-0948 Email: mbennett1145@yahoo.com

How long have you been a resident of Lyon County? 13 yrs

Are you currently registered to vote? Yes No

How many board or commission meetings have you attended in the last year? 12

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

Yes No

If yes please list conviction dates and nature:

List boards or commissions you presently serve on or have served on in the past including dates of service:

Lyon County Library Board of Trustees
since 2013

Education and/or training relevant to the position you are applying for:

BA in English

Explain briefly why you would like to be appointed to this board or commission:

I believe Libraries are an important component of communities.

We have a Trustee Board that works very well together and a super Library Director.

By signing this application you agree to attend training classes as scheduled.

I certify that, to the best of my knowledge, the information I provided in this application is true. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal, if appointed.

Signature: Mandy A. Bennett

Date: 7 Aug 2020

Please return the application to:

Email: elopez@lyon-county.org

Or

Lyon County Manager's Office

27 South Main Street

Yerington, Nevada 89447

Office: (775)463-6531; Fax: (775)463-6500

Notice:

At the meeting to consider your application for appointment to the _____, the Board or Commission, or the County Commission, may consider your character, alleged misconduct, professional competence, or physical or mental health. This notice is provided pursuant to NRS 241.031 and 241.033. The topics of discussion will relate to your ability to serve in the position for which you have applied. If the Advisory Board of County Commission desires to close the meeting, they must allow you to: (a) attend the closed meeting or that portion of the closed meeting during which the character, alleged misconduct, professional competence, or physical or mental health of the person is considered; (b) have an attorney or other representative of the person's choosing present with the person during the closed meeting; and (c) present written evidence, provide testimony and present witnesses relating to the character, alleged misconduct, professional competence, or physical or mental health of the person to the public body during the closed meeting. You will not receive any additional notice, and by signing this application you hereby agree to waive any right to future notice pursuant to NRS Chapter 241.

Signature: _____

Date: _____

Name: _____