

**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.*

Contact Information:

Name: Stephani Johnston

Address: 18 Jacob Road, Yerington, NV 89447

Phone: 775-240-7123 Email: sljohnston12@yahoo.com

How long have you been a resident of Lyon County? 42 years

Are you currently registered to vote? Yes x No

How many board or commission meetings have you attended in the last year? 0

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?
Yes No x

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:

Mason Valley Swimming Pool District Board

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

CPA

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

To continue to provide support to the Board. Serve the best interests of the community by
furthering projects initiated during my term as a board member.

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: _____

Date: 12/23/20 _____

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: _____