DOREEN FARR
hird District Supervisor



COUNTY OF SANTA BARBARA

OFFICE OF THE THIRD DISTRICT SUPERVISOR

County Administration Building 105 East Anapamu Street Santa Barbara, California 93101 Telephone: (805) 568-2191 Fax: (805) 568-2883 www.countyofsb.org

Date: October 8, 2009

Clerk of the Board of Supervisors County of Santa Barbara 105 East Anapamu Street Santa Barbara CA 93101

For placement on the agenda for the meeting of: October 20, 2009

I would like to recommend the following for the appointment / <u>reappointment</u> to the Assessment Appeals Board No. 2

Name of Appointee: Robert Coe

Address:

59 Stanford Circle

City/State/Zip:

Lompoc, CA 93436

Home Telephone:

805-733-5356

Work Telephone:

805-735-6441

Cell Phone:

E-mail:

bobcoe@verizon.net

Appointee will represent Third District on this committee.

Position was formerly held by:

Term expires: October 20, 2012

____ Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By:

Clerk of the Board: Please send minute order to Robert Cohen, Clerk of the Board x2248

APPLICATION FOR

COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors

Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Berbara, CA 93101 DATE RECEIVED

□ Copy to Supervisor

INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.

1. APPLYING FOR: (Use specific title)					j
Assessment Ap		Oct. 6, 20	09		
3. NAME:			4. E-MAIL ADDRESS:		
Coe Robert M.		Μ.	bobcoe@verizon.net		t
Lest First Mic		Rliddle			
6. ADDRESS:			5. TELEPHONE:		
59 Stanford Circle			Horne: (805)733-5356		
Number Street			110112.		
Lompoc	CA	93436	Business 80 F	735-6441	
	City	Zip Code			
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, commu-					
nity involvement, and abilities. NAME	ADDRESS	TRE	PHONE NUMBER	OCCI IDATION	
***************************************		1 Galai	-HONE NUMBER	OCCUPATION	
^A Joe Valencia	506 Countr	Doowy	735-2163	Planning (Commission
^B Camilo Wilde	4072 Muirf	ield	733-1528		
			133-1320	Assessmen	<u>c Apeals</u>
cRoger McConne		-	733-5321	Investmen	t Counselor
8. Are you or have you been employed by the County of Santa Barbara? OX YES OI No If YES, list:					
Department: Assessmer	nt Appeals B	oard TiteM	ember	Date: Sept. 1	06
9. Please check appropriate boxes	(optional):	10. Education	completed:		
Ethnic or racial identity: Sex:		D			
☐ Black (African American)	☐ Female	1	Year Co	•	
Hispanic Asian/Pacific Islander		11. Indicate St.	pervisor who will re	ceive a copy of this applic	ation:
☐ Native American/Alaskan Native		Doree	n Farr		
Other (Please specify)		20200	cull		
12. EXPERIENCE: Please exclain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying.					e for
15				•	
10 y	rears Mortgage Lending				
4: I y	ears Small Business Owner ears Assessment Appeals Board Member				
з у	ears Assessm	ment Appea	ls Board	Member	i I
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary.					
Real Estate Investor					

14. SIGNATURE OF APPLICANT

Robert Dy. Cue

CLB-1 (REV.5/05)