

Lyon County
Application to Serve on the Board of
County Commissioners

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

The Lyon County Board of County Commissioners is considering applications for County Commissioner for District 3, with the intention of recommending up to three (3) candidates to Governor Lombardo for appointment to fill the vacancy in District 3 created by the election of Ken Gray to the Nevada Assembly. Ken Gray is a Republican. Nevada law requires that the Governor appoint a Republican to fill this vacancy.

The Governor makes the final appointment. This application will be part of the information considered by the Board of County Commissioners in deciding its recommendations to the Governor. The County Commission is not obligated to recommend any candidates to the Governor. The Governor is not required to consider any recommendations from the County Commission. Please provide complete information and attach additional pages if necessary.

Nevada law states:

NRS 244.040 Vacancy in office of county commissioner.

1. Any vacancy occurring in any board of county commissioners must be filled by appointment of the Governor. Except in Carson City, the Governor shall appoint a suitable person who is a member of the same political party as the most recent holder of the vacant office.

2. The term of office of a person appointed to the office of county commissioner does not, by virtue of the appointment, extend beyond 12 p.m. of the day preceding the first Monday of January next following the next general election.

Application:

Full Name of candidate: _____

Home Address: _____

Mailing Address (if different): _____

Phone: _____ Email: _____

District: _____

Political affiliation: _____

Please note:

How long have you been a resident of Lyon County? _____

How many Board or Planning Commission meetings have you attended in the last year? _____

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

List education, work experience, and/or training relevant or helpful in showing your qualifications to serve in the position of Lyon County Commissioner (attach additional pages if necessary):

Explain briefly why you would like to be appointed as Lyon County Commissioner for District 3 (attach additional pages if necessary):

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.

Signature: _____

Date: _____

Please return the application to:

Email: elopez@lyon-county.org

Or

Lyon County Manager's Office

ATTN: Erin Lopez

27 South Main Street

Yerington, Nevada 89447

Office: (775)463-6531

Notice:

At the meeting to consider your application for recommendation to Governor Lombardo for him to appoint you to the position of Lyon County Commissioner for District 3 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: _____