

City of Clearlake

14050 Olympic Drive, Clearlake, California 95422 (707) 994-8201 Fax (707) 995-2653

Planning Commission Application Please return the completed application to the City Clerk at the above address

Please be advised that the information on this form is a public record subject to disclosure upon request under the California Public Records Act.

Name: Robert Co	KER	
Telephone: (Home)	(Work)	(Cell) 707-972-850
Email: PATENKATRADIN	G @ ATT. NET/	(Cell) 707-972-850 RCOKER@CleARAKE, CA, 4:
Street Address: 14045	Λ / /	
Mailing Address: 54mE		
Occupation: OWNER		
Employer: TATONKA TEN	ading	
Registered Voter?Yes	No	
Please provide a brief statem if appointed:	ent regarding what skills	you would bring to the Commission
4 yrs Being on	The Planning	Commission
	/	
Please provide a brief summary	y of your education and wo	ork experience:
		R of SEMIS,
15 yrs In Bus.		
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Name of City Commissions/Committees On Which You Have Served	No. of Years	Position(s) Held	
Planning Commission	4	CommissionE	R
Name of County Commissions/Committees On Which You Have Served	No. of Years	Position(s) Held	
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Can you attend daytime meetings (8:00 A.M. – 5:0	00 P.M.)	¥Yes []No	
Can you attend evening meetings (After 5:00 P.M.)	Yes [] No	
A résumé reflecting experience, community activ may be attached in order to assist the Council in e	vities, or other ovaluating your a	qualifications not listed above application (OPTIONAL).	5
For further information contact Melissa Swamswanson@clearlake.ca.us.	nson, City Cle	rk at 994-8 201 Ext. 106 o	r
I HEREBY CERTIFY UNDER PENALTY OF DISQUAFOREGOING INFORMATION IS TRUE AND CORRECT	ALIFICATION AI	ND TERMINATION THAT THE OF MY KNOWLEDGE.	Ξ
Signature	Date: <u>/~29</u> ~ a	25	
FOR OFFICE USE ONLY			

Received 1/30/25 By: Linda Heinrich