



COUNTY OF FRESNO
BOARDS, COMMISSIONS, COMMITTEES APPLICATION FORM

Please be advised that you may be required to file a Form 700 - Statement of Economic Interest

Name of Applicant: MaryAnn Pickens
Home Address: City: Fresno Zip: 93711
Current Employer:
Business Address: City: Zip:
Home Phone: Work Phone: Supervisorial District No. 5
E-mail Address: pickensinc@aol.com

NOTE: Please check above the address and telephone number you would like listed on the roster if you are appointed. The roster information maybe released as a public record.

COMPLETE NAME of Board/Committee/Commission(s) you are interested in serving on as well as the position for which you are qualified (if necessary). If you are applying for the Behavioral Health Board, Fresno Child Care & Development Local Planning Council, In-Home Supportive Services Advisory Committee, or Children and Families Commission, please also complete the supplemental application. If you are applying for the Workforce Development Board, please note a different application form is required.

RECEIVED

Bluffs Community Service District

OCT 03 2024

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served):

What experience or special knowledge can you bring to your area(s) of interest?

List community organizations to which you belong:

Convictions and Penalties - Have you ever been convicted of a felony? If yes, give dates(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying).

None

List any affiliation you or your spouse has with public service agencies:

None

I HAVE READ THE "FRESNO COUNTY BOARD OF SUPERVISORS' ADMINSTRATIVE POLICY NO. 35" REGARDING CONFLICT OF INTEREST FOR BOARD APPOINTEES AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES AT ALL TIMES WHILE AN APPOINTED MEMBER OF THE INTERESTED NAMED COMMITTEE. AT PRESENT, TO THE BEST OF MY KNOWLEDGE, NO CONFLICT OF INTEREST EXISTS IN MY SERVING ON THIS COMMITTEE

(Signature)

10/1/2024

(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk, Board of Supervisors
Hall of Records, Room 301
2281 Tulare Street, Fresno, CA 93721
Telephone: (559) 600-3529, Option 4
Fax: (559) 600-1608

APPLICATIONS WILL BE KEPT ON FILE FOR ONE YEAR.
Please re-file after that time if you are still interested in serving on a Board, Commission or Committee

SUPPLEMENTAL APPLICATION FOR LANDOWNER AND ELECTED SPECIAL DISTRICTS

Complete Name of Landowner or Elected Special District: Bluffs Community Service District

List the name of the person who previously held the seat you are interested in: Mary Ann Pickens

I meet the statutory requirements to be a board member per the following requirement(s) (Check all applicable requirements):

TYPE OF DISTRICT	QUALIFICATIONS
Community Services District (Water) Conservation District Fire Protection District Health Care District Hospital District Public Utility District Recreation and Park District (County) Water District	<input checked="" type="checkbox"/> I am a voter in the District and (if applicable) <input type="checkbox"/> I am a voter in the _____ Division of the District. or <input type="checkbox"/> I am a voter in the _____ Zone of the District.
Drainage District	<input type="checkbox"/> I am: <input type="checkbox"/> A holder of title to land within the District, or <input type="checkbox"/> The legal representative of a holder of title to land within the District; or <input type="checkbox"/> A designated representative of a holder of title to land within the District, if the holder of title to land is not a natural person and the holder has filed with the district written evidence of the designation. or <input type="checkbox"/> I am: <input type="checkbox"/> A holder of title to land within the _____ division of the District, or <input type="checkbox"/> The legal representative of a holder of title to land within the _____ division of the District; or <input type="checkbox"/> A designated representative of a holder of title to land within the _____ division of the District, if the holder of title to land is not a natural person and the holder has filed with the district written evidence of the designation.
Irrigation District	<input type="checkbox"/> I am a landowner in the District and/or <input type="checkbox"/> I am a voter in the District
Memorial District	<input type="checkbox"/> I am a voter in the District and (if applicable) <input type="checkbox"/> I have been honorably discharged from the armed forces of the United States.
Police Protection District	<input type="checkbox"/> I am a resident of the District.
Reclamation District	<input type="checkbox"/> I am a landowner or the legal representative of a landowner in the District.
Resource Conservation District	<input type="checkbox"/> I am a voter in _____ County, California, and: <input type="checkbox"/> I reside within the District and: <input type="checkbox"/> I own real property in the District, or <input type="checkbox"/> I have served, pursuant to the District's rules, for two years or more as an associate director providing advisory or other assistance to the board of directors; or: <input type="checkbox"/> I am a designated agent of a resident landowner within the District.
(California) Water District (Landowner)	<input type="checkbox"/> I am: <input type="checkbox"/> A holder of title to land within the District; or <input type="checkbox"/> The legal representative of a holder of title to land within the District; or <input type="checkbox"/> A representative designated by a holder of title to land within the District, if the holder has filed with the District written evidence of that designation.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 10/1/2024

Signature: _____

Name: MaryAnn Pickens