County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.napacounty.gov

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

A Tradition of Stewardship
A Commitment to Service

June 1, 2026

Neil Watter
[redacted] Napa CA 94559

Via email: neilh2o@gmail.com

Re: **Napa/Solano Area Agency on Aging Advisory Council**

Dear Neil:

You have been a valued member of the **Napa/Solano Area Agency on Aging Advisory Council** representing **Napa County**. The term of your position expires on June 30, 2026. If you wish to request reappointment for a 2-year term, please check the following box:

☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Mental Health Board for the term commencing immediately and expiring June 30, 2028.

If you have chosen to request reappointment, please check **one** of the two boxes below regarding your last application:

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☒ I confirm that all the information on my last application is current.

☐ Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

https://www.napacounty.gov/1420/Boards-Committees-Commissions

After checking the appropriate boxes, sign and date on the lines below and return this letter to the County Executive Office by mail or email no **later than Friday, June 26, 2026.**

SIGNATURE

6/4/2026
DATE

Application for Appointment to Board, Commission, Committee, Task Force or Position

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

California Fair Political Practices Website

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which Boards would you like to apply for?

Napa Solano Agency on Aging Advisory Council: Submitted

Category of Membership for Which You Are Applying

Napa County Representative

Profile

Neil (First Name) | (Middle Initial) | Watter (Last Name)

Email Address

Home Address | Suite or Apt

Napa (City) | CA (State) | 94559 (Postal Code)

Which supervisorial district do you reside in? *

- [x] District 1

To find your supervisorial district go to https://www.countyofnapa.org/1334/About-the-Board, click on "Look Up My District" and enter your address.

Home: (Primary Phone)

Retired	Retired	Retired Primary Care Internist
Employer	Job Title	Occupation

Education/Experience

MD Degree Univ. Of Virginia 1972 Primary Care Internal Medicine MD Kaiser-Permanete1190-2014 24 years of Skilled Nursing Facility Work for K-P in addition to primary care.

Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)

Resume

Upload a Resume

Letter of Recommendation or Supplemental Attachments

Professional or occupational license, date of issue, and expiration including status

References: Provide names and phone numbers of 3 individuals who are familiar with your background.

Michael Ston: ; George Vellucci: ; Lynn Baker:

Community Participation

Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.

I can contribute to the community with my knowledge of geriatrist skilled nursing home care.

Nature of activity and community location

Other County Board/Commission/Committee on Which You Serve/Have Served

Napa County Civil Grand Jury- 2021-22

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)

none.

Electronic Signature Agreement

Neil Watter

I meet the criteria required to serve in this position.

◉ Yes ○ No

I declare under penalty of perjury that the foregoing is true and correct.

◉ Yes ○ No

Please Agree with the Following Statement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☑ I Agree

Electronic Signature (First M. Last)

Neil Watter

Date

06/25/2026