



A Tradition of Stewardship
A Commitment to Service

January 13, 2023

Charles R. Burton

Angwin CA 94508

Re: Napa County Emergency Medical Care Committee

Dear Mr. Burton:

The term of your position, representing **Public Member** on the **Napa County Emergency Medical Care Committee**, expires on January 31, 2023.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another three-year term, as you have been a valued member of the Napa County Emergency Medical Care Committee.

If any of the information on your last application for appointment has changed or is five (5) years old or older, please contact the Napa County Executive Office to obtain a new application and return the new application with your reappointment request or go to the following link to complete your application online at <https://www.countyofnapa.org/1420/Committees-Commissions>.

☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Emergency Medical Care Committee** for the term commencing immediately and expiring January 31, 2026.

☒ I confirm by signing below that all the information on my last application is current; or

☐ Some of the information on my last application is no longer correct or is five (5) years old or older. A new application is attached.

SIGNATURE

24 JAN 2023
DATE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

COUNTY EXECUTIVE OFFICE

1195 Third Street • Suite 310 • Napa, CA 94559 • (707) 253-4580
www.countyofnapa.org

Home Address*

[Redacted]

City*

Angwin

State*

CA

Zip*

94508

Phone*

[Redacted]

Email Address*

[Redacted]

Work Address*

[Redacted]

City*

Santa Rosa

State*

CA

Zip*

95405

Work Phone*

[Redacted]

Current Occupation*

Registered Nurse

Within the last 12 months

Current License

California Registered Nursing License (renewed 12/31/19; exp 12/31/21)
12/31/21; EXP 12/31/23

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