

If you have any questions related to the TABs and CACs or the application process, please email AdministrativeServices@ClarkCountyNV.gov.

Name of TAB or CAC Applying For: Searchlight TAB

Full Name (First, Middle Initial, Last): Ronald Alfred Ruggiero

Home Street Address: 350 Surprise Street Apt 120

Home Address City/State/Zip Code: P.O. Box 1202 Searchlight Nevada, 89046

Mailing Address: P.O. Box 1202 Searchlight NV 89046

Mailing Address City/State/Zip Code: _____

Employer: - None -

Occupation: - None -

Email Address: [REDACTED]

Cell Phone: [REDACTED]

Best Daytime Contact Phone: any Time

Relevant Affiliations: Please list below any other committees you are currently serving on. Please list, if applicable, the jurisdiction and term of appointment. If you were appointed by an individual and not by a local jurisdiction, please include that information. If you need additional space, please attach an additional sheet of paper.

Skills and Experience: Please provide a brief description of your qualification; include any special skills, interests, experience, or training which you possess or have completed that would benefit the work of the above TAB or CAC. If you need additional space, please attach an additional sheet of paper.

A resume or letter of interest is REQUIRED. Please attach it to this application.

I certify that I am a QUALIFIED ELECTOR and that my primary RESIDENCE is WITHIN THE BOUNDARIES of the TAB or CAC area to which I am applying. I verify by my signature below that all statements made on this application, as well as any information attached hereto, are true and complete to the best of my knowledge. I understand that an electronic signature has the same weight and effect as a handwritten signature. Furthermore, I understand that an incomplete application and any modifications to this application will not be accepted or considered.

Signature

Date

Hand Deliver Application to:

Clark County Department of Administrative
Services
6th Floor
500 S. Grand Central Parkway
Las Vegas, NV 89155

Mail Application to:

Department of Administrative Services- 6th
Floor
Attn: Agenda Coordinator
P.O. Box 551712
Las Vegas, NV 89155-1712

Fax Application to:

(702) 455-3558

Email Scanned Copy to:

AdministrativeServices@ClarkCountyNV.gov