

PROOF OF POSTING PURSUANT TO

NRS 241.020(4)

The undersigned, Sandra Vasquez, hereby certifies that on the 28th day of April, 2016, at approximately 4:00 o'clock P.M., I posted the Agenda of the meeting of the WCSA Advisory Board scheduled for MAY 4, 2016, by emailing said agenda, with a cover sheet including posting instructions to the following posting locations:

Incline Village Recreation Center, 980 Incline Way, Incline Village, Nevada

Attn: Jennifer Moore Email Jennifer.moore@ivgic.org

Gerlach Senior Center, 385 E Sunset Blvd., Gerlach, Nevada

Attn: _____ Email GerSenCtr@washoecounty.us

I also certify that I have faxed said agenda, with a cover sheeting including posting instructions, to the following posting locations.

Washoe County Senior Center, Sparks: 95 Richards Way, Sparks, Nevada

Attn: _____ Fax# 775.353.3115

Washoe County Senior Center Sun Valley, 115 W 6th Street, Sun Valley, Nevada

Attn: _____ Fax# 775.674.4418

Incline Village Library, 845 Alder Ave, Incline Village, Nevada

Attn: _____ Fax# 775.832.4180

I further certify that I personally posted a copy of said agenda at:

Washoe County Senior Services, 1155 E 9th Street, Reno, Nevada

Washoe County Administration Building, 1001 E 9th Street, Bldg A, Reno, Nevada

Washoe County Health Department, 1001 E 9th Street Bldg B, Reno, Nevada

DATED this 28th of April, 2016.

Sandra Vasquez
Signature of Person Posting

PROOF OF POSTING PURSUANT TO
NRS 241.020(4)

The undersigned, DIANA Z. CARTER, hereby certifies that on the 28th day of April, 2016, at approximately 4:00 o'clock P.M., I posted the Agenda of the meeting of the WCSA Advisory Board scheduled for May 4, 2016, by emailing said agenda, with a cover sheet including posting instructions to the following posting locations:

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Attn: Jennifer Moore Email Jennifer.moore@ivgid.org

Gerlach Senior Center, 385 E Sunset Blvd., Gerlach, Nevada

Attn: _____ Email GerSenCtr@washoecounty.us

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Attn: Emailed to BJ Hartman @washocounty.us Fax# 775.353.3115

Washoe County Senior Center Sun Valley, 115 W 6th Street, Sun Valley, Nevada

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Washoe County Health Department, 1001 E 9th Street Bldg B, Reno, Nevada

DATED this 28th of April, 2016.

✓ Senior Services Website
✓ Notice NV. Gov.

Diana Z. Carter
Signature of Person Posting



WASHOE COUNTY SENIOR SERVICES

DATE: 4/28/2016

Send to:

Gerlach Senior Center: GerSenCtr@washoecounty.us

Incline Village Library: 775.832.4180

Incline Village Rec Center: Jennifer.moore@ivgid.org

Sparks Senior Center: 775-353-3115

Sun Valley Senior Center: 775.674.4418

From: Washoe County Senior Services

Office Location: 1155 E 9th Street Reno NV 89512

Phone Number: 775.328.2576

Number of Pages, Including Cover:

COMMENTS: AGENDA FOR MEETING OF WASHOE COUNTY SENIOR SERVICES ADVISORY BOARD

ON WEDNESDAY, MAY 4, 2016

PLEASE POST AGENDA BEFORE 9:00AM ON

FRIDAY, APRIL 29, 2016

PLEASE COMPLETE AND RETURN THIS COVER SHEET TO:

DIANA E. CARTER

FAX: 775.328.6192

EMAIL: DCARTER@WASHOECOUNTY.US

NAME: _____ DATE: _____ TIME: _____

ENTITY/DEPT. _____

THANK YOU

fax cover

Washoe County Senior Services
1155 E 9th Street, Reno, NV 89512
775.328.2576 | 775.328.6192
dcarter@washoecounty.us

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	3431
DEPT. ID	11202
DESTINATION ADDRESS	98324180
SUBADDRESS	
DESTINATION ID	
ST. TIME	04/28 15:56
TX/RX TIME	00' 33
PGS.	3
RESULT	OK
COMM. MODE	ECM



WASHOE COUNTY SENIOR SERVICES

DATE: 4/28/2016

Send to:

Gerlach Senior Center: GerSenCtr@washoecounty.us
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 EMAIL: DCARTER@WASHOECOUNTY.US

NAME: _____ DATE: _____ TIME: _____

ENTITY/DEPT. _____

THANK YOU

*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO.	3430
DEPT. ID	11202
DESTINATION ADDRESS	96744418
SUBADDRESS	
DESTINATION ID	
ST. TIME	04/28 15:55
TX/RX TIME	00' 39
PGS.	3
RESULT	OK
COMM. MODE	ECM



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DATE: 4/28/2016

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THANK YOU



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DIANA E. CARTER

FAX: 775.328.6192

EMAIL: DCARTER@WASHOECOUNTY.US

NAME: P. ROGERS DATE: 4/30 TIME: 4:15

ENTITY/DEPT. INCLINE LIBRARY

THANK YOU

fax cover

Washoe County Senior Services
1155 E 9th Street, Reno, NV 89512
775.328.2576 | 775.328.6192
dcarter@washoecounty.us



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FAX: 775.328.6192

EMAIL: DCARTER@WASHOECOUNTY.US

NAME: B J Hartman _____ DATE: 4-28-2016 _____ TIME: 4:00pm _____

ENTITY/DEPT. Sparks Senior Center _____

THANK YOU

fax cover

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