COUNTY OF WALLA WALLA STATE OF WASHINGTON OFFICE OF COMMISSIONER COURT

APPLICATION FOR APPOINTMENT WATER CONSERVANCY BOARD COMMISSIONER OR ALTERNATE

NAME			
ADDRESS	_		
TELEPHONE(S)	(home)	(work)	(cellular)
E-MAIL ADDRESS		_NUMBER OF YEARS IN C	OUNTY
OCCUPATION			
PARTICULAR BACKGROUNI	D, SPECIAL SKILLS, K	NOWLEDGE, OR APTITUD	E WHICH YOU
FEEL WOULD BE AN ASSET	TO THE WATER COM	ISERVANCY BOARD?	
FOR INFORMATIONAL PURF			
1) AN INDIVIDUAL WATER F		DIVERTS OR WITHDRAWS	WATER FOR USE
WITHIN THE AREA SERVED	BY THIS BOARD?	,	<u>OR</u>
2) A PERSON WHO IS NOT A	A WATER RIGHT HOLI	DER?	
WHAT OTHER BOARD EXPE	RIENCE, VOLUNTEE	R ACTIVITIES, OR SPECIA	L INTERESTS DO
YOU HAVE?			
WHY ARE YOU INTERESTED) IN SERVING AS A W	ATER CONSERVANCY BO	ARD
COMMISSIONER?			
WHAT LIMITATIONS, IF ANY			
FOR MEETINGS AND OTHER			

WHAT PROBLEMS, ISSUES, OR CONCERNS DO YOU SEE FACING THIS PARTICULAR BOARD OR COMMISSION, AND HOW WOULD YOU PROPOSE THEY BE ADDRESSED?

DO YOU UNDERSTAND THAT NO WATER CONSERVANCY BOARD COMMISSIONER OR ALTERNATE MAY PARTICIPATE IN A RECORD OF DECISION UNTIL HE/SHE HAS SUCCESSFULLY COMPLETED THE REQUIRED TRAINING, AND THAT THERE ARE CONTINUING EDUCATION REQUIREMENTS AS WELL? _____Yes

ADDITIONAL INFORMATION YOU WOULD LIKE CONSIDERED (optional):

Please feel free to use extra pages if necessary for any answer.

(Date)

(Signature)

Please return completed application to:

Walla Walla County Commissioners' Office County Public Health and Legislative Building, 314 West Main (physical) P. O. Box 1506 (mailing address) Walla Walla, WA 99362

OR

e-mail completed application to:

wwboardcomm@co.walla-walla.wa.us

Thank you for your interest in Walla Walla County!

WALLA WALLA COUNTY PUBLIC HEALTH AND LEGISLATIVE BUILDING, 314 WEST MAIN P.O. BOX 1506 • WALLA WALLA, WASHINGTON 99362-0316 • <u>wwcocommissioners@co.walla-walla.wa.us</u> PHONE: (509) 524-2505 •FAX: (509) 524-2512

District No.1 JENNIFER R. MAYBERRY District No.2 TODD L. KIMBALL District No.3 GUNNER FULMER