



Bay County Department of Water & Sewer Water System Advisory Council Application of Interest

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Please explain why you would like to volunteer for the Water System Advisory Council (WSAC):

Please detail your relevant experience or training that would be applicable to this position on the Council (attach a resume if you so desire, but its not required):

The WSAC is scheduled to meet the first Thursday of each month at 1030 AM, do you anticipate any complications with participating on a regular basis?

The initial appointment to the WSAC will be for a term of two years, do you have any concern with this length of commitment?

Is there anything else you would like to share with the selection committee that has not been detailed above?
