SOLANO COUNTY
Department of Resource Management
Environmental Health Division
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Fairfield, CA 94533
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Birgitta Corsello, Director
Clifford Covey, Asst Director

Application for Membership for the Solano County Solid Waste Independent Hearing Panel

(*Attach additional information [resume, biography] if necessary)*

NAME:_____

RESIDENCE ADDRESS:_____

BUSINESS ADDRESS:_____

PHONE NUMBERS: (HOME)_____ (BUSINESS)_____

REQUESTED PANEL POSITION (CHECK ONE): _____ TECHNICAL EXPERT
_____ MEMBER OF PUBLIC AT LARGE

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE (please check one): 1_____ 2_____ 3_____ 4_____ 5_____

WILL YOU BE AVAILABLE TO ATTEND DAY AND/OR NIGHT MEETINGS AS NEEDED: _____

MEMBERSHIPS IN OTHER ORGANIZATIONS (list name and address):

_____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EMPLOYMENT & EDUCATIONAL HISTORY (Resume may be attached):

_____

_____

REFERENCES (list 3-5):

_____

_____

WHY DO YOU THINK YOUR INVOLVEMENT IN THE PANEL WOULD BE BENEFICIAL (Attach an additional page if necessary):

_____

_____

APPLICANT SIGNATURE:_____ DATE:_____