



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586.469.5125 ~ Fax: 586.469.5993
www.macombBOC.com

NOTICE OF MEETING

There will be a meeting of the **BOARD OF COMMISSIONERS** on Wednesday, April 29, 2015, at 7 p.m., on the 9th Floor of the County Administration Building, in the Commissioners' Board Room, Mount Clemens.

(Invocation this month is by Commissioner Robert Mijac)

PRELIMINARY AGENDA

1. Correspondence from Executive

2. **APPOINTMENTS:**

Executive Appointment with Board Concurrence

a) **CIVIL SERVICE COMMISSION**

1 vacancy – 6 year term, upon appointment to 12-31-20
(1 application is attached) (page 1)

(attached)

Executive Appointment with Board Concurrence

b) **SOLID WASTE PLANNING COMMITTEE**

14 individuals recommended
2 year terms, 05-01-15 to 04-30-17
(14 applications are attached) (page 10)

(attached)

3. **COMMITTEE REPORTS:**

a) Infrastructure and Economic Development, April 28 **(to be provided)**

b) Finance, April 29 **(to be provided)**

MACOMB COUNTY BOARD OF COMMISSIONERS

David J. Flynn – Board Chair
District 4

Kathy Tocco – Vice Chair
District 11

Steve Marino – Sergeant-At-Arms
District 10

Andrey Duzyj – District 1

Marvin Sauger – District 2

Veronica Klinefelt – District 3

Robert Mijac - District 5

James Carabelli – District 6

Don Brown – District 7

Kathy Vosburg – District 8

Fred Miller – District 9

Bob Smith – District 12

Joe Sabatini – District 13

4. Board Chair's Report (to be provided)

A handwritten signature in cursive script that reads "Corinne Bedard".

**Corinne Bedard
Committee Reporter**

APRIL 2015 – Summary of Boards & Commissions Appointments

Civil Service Commission

Origin: PA 370 of 1941, and PA 298 of 1966

Fill 1 position due to term expiration for a 6 year term starting upon appointment through 12-31-2020; appointment to be made by **OCE Appointment with Board Concur.**

- 1. Mr. Carl Seitz (Republican)

Solid Waste Planning Committee

Origin: PA 451 of 1994

Fill 14 positions with candidates recommended by the County Executive for two year terms from 05-01-15 to 04-30-17; appointed by **OCE Appointment with Board Concur.**

<u>Candidates recommended by OCE:</u>	<u>Designation:</u>
1. Patrick Greve, Waste Management Inc.	Solid Waste Industry
2. Charles Rizzo, Rizzo Services	Solid Waste Industry
3. Sanford Rosen, Great Lakes Recycling	Solid Waste Industry
4. Frederick Thompson, Indian Summer Recycling	Solid Waste Industry
5. Terry Gibb, MSU Extension	Environmental Interest Group Representative
6. Anne Vaara, Clinton River Watershed Council	Environmental Interest Group Representative
7. Marvin Sauger, County Commissioner	County Government Representative
8. Robert Taylor, Roseville Mayor	City Government Representative
9. Ron Trombly, Lenox Township Supervisor	Township Government Representative
10. Amy Mangus, SEMCOG	Regional Agency
11. Keith Miller, McLaren Macomb	Industrial Waste Generator
12. Thomas Morley, Functional Foods Company	General Public
13. Laura Pobanz, Health Department	General Public
14. Chris Dilbert, Village of New Haven	General Public

CIVIL SERVICE COMMISSION (EXCERPT)
Act 298 of 1966

51.352 Civil service commission; membership, appointment, terms; president, term.

Sec. 2. The civil service commission shall consist of 3 members, 2 of whom shall be appointed by the board of supervisors, 1 to be appointed for 2 years and 1 to be appointed for 6 years. The third member of the commission shall be elected by the members of the sheriff's department and he shall serve for a period of 4 years from the date of his appointment; a majority vote of the members of the sheriff's department shall be necessary to select such member. Thereafter, all appointments shall be made for a period of 6 years each; each commissioner shall serve until his successor is appointed and qualified by the appointing power hereinbefore designated.

The commission shall elect one of their number to act as president of the commission, who shall serve for 1 year.

History: 1966, Act 298, Imd. Eff. July 14, 1966.

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT (EXCERPT)
Act 451 of 1994

324.11533 Initial solid waste management plan; contents; submission; review and update; amendment; scope of plan; minimum compliance; consultation with regional planning agency; filing, form, and contents of notice of intent; effect of failure to file notice of intent; vote; preparation of plan by regional solid waste management planning agency or by department; progress report.

Sec. 11533. (1) Each solid waste management plan shall include an enforceable program and process to assure that the nonhazardous solid waste generated or to be generated in the planning area for a period of 10 years or more is collected and recovered, processed, or disposed of at disposal areas that comply with state law and rules promulgated by the department governing location, design, and operation of the disposal areas. Each solid waste management plan may include an enforceable program and process to assure that only items authorized for disposal in a disposal area under this part and the rules promulgated under this part are disposed of in the disposal area.

(2) An initial solid waste management plan shall be prepared and approved under this section and shall be submitted to the director not later than January 5, 1984. Following submittal of the initial plan, the solid waste management plan shall be reviewed and updated every 5 years. An updated solid waste management plan and an amendment to a solid waste management plan shall be prepared and approved as provided in this section and sections 11534, 11535, 11536, 11537, and 11537a. The solid waste management plan shall encompass all municipalities within the county. The solid waste management plan shall at a minimum comply with the requirements of sections 11537a and 11538. The solid waste management plan shall take into consideration solid waste management plans in contiguous counties and existing local approved solid waste management plans as they relate to the county's needs. At a minimum, a county preparing a solid waste management plan shall consult with the regional planning agency from the beginning to the completion of the plan.

(3) Not later than July 1, 1981, each county shall file with the department and with each municipality within the county on a form provided by the department, a notice of intent, indicating the county's intent to prepare a solid waste management plan or to upgrade an existing solid waste management plan. The notice shall identify the designated agency which shall be responsible for preparing the solid waste management plan.

(4) If the county fails to file a notice of intent with the department within the prescribed time, the department immediately shall notify each municipality within the county and shall request those municipalities to prepare a solid waste management plan for the county and shall convene a meeting to discuss the plan preparation. Within 4 months following notification by the department, the municipalities shall decide by a majority vote of the municipalities in the county whether or not to file a notice of intent to prepare the solid waste management plan. Each municipality in the county shall have 1 vote. If a majority does not agree, then a notice of intent shall not be filed. The notice shall identify the designated agency which is responsible for preparing the solid waste management plan.

(5) If the municipalities fail to file a notice of intent to prepare a solid waste management plan with the department within the prescribed time, the department shall request the appropriate regional solid waste management planning agency to prepare the solid waste management plan. The regional solid waste management planning agency shall respond within 90 days after the date of the request.

(6) If the regional solid waste management planning agency declines to prepare a solid waste management plan, the department shall prepare a solid waste management plan for the county and that plan shall be final.

(7) A solid waste management planning agency, upon request of the department, shall submit a progress report in preparing its solid waste management plan.

History: 1994, Act 451, Eff. Mar. 30, 1995;—Am. 2004, Act 44, Imd. Eff. Mar. 29, 2004.

Popular name: Act 451

Popular name: NREPA

Popular name: Solid Waste Act

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT (EXCERPT)
Act 451 of 1994

324.11534 Planning committee; purpose; appointment, qualifications, and terms of members; approval of appointment; reappointment; vacancy; removal; chairperson; procedures.

Sec. 11534. (1) The county executive of a charter county that elects a county executive and that chooses to prepare a solid waste management plan under section 11533 or the county board of commissioners in all other counties choosing to prepare an initial solid waste management plan under section 11533, or the municipalities preparing an initial solid waste management plan under section 11533(4), shall appoint a planning committee to assist the agency designated to prepare the plan under section 11533. If the county charter provides procedures for approval by the county board of commissioners of appointments by the county executive, an appointment under this subsection shall be subject to that approval. A planning committee appointed pursuant to this subsection shall be appointed for terms of 2 years. A planning committee appointed pursuant to this subsection may be reappointed for the purpose of completing the preparation of the initial solid waste management plan or overseeing the implementation of the initial plan. Reappointed members of a planning committee shall serve for terms not to exceed 2 years as determined by the appointing authority. An initial solid waste management plan shall only be approved by a majority of the members appointed and serving.

(2) A planning committee appointed pursuant to this section shall consist of 14 members. Of the members appointed, 4 shall represent the solid waste management industry, 2 shall represent environmental interest groups, 1 shall represent county government, 1 shall represent city government, 1 shall represent township government, 1 shall represent the regional solid waste planning agency, 1 shall represent industrial waste generators, and 3 shall represent the general public. A member appointed to represent a county, city, or township government shall be an elected official of that government or the designee of that elected official. Vacancies shall be filled in the same manner as the original appointments. A member may be removed for nonperformance of duty.

(3) A planning committee appointed pursuant to this section shall annually elect a chairperson and shall establish procedures for conducting the committee's activities and for reviewing the matters to be considered by the committee.

History: 1994, Act 451, Eff. Mar. 30, 1995.

Popular name: Act 451

Popular name: NREPA


Popular name: Solid Waste Act



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: Dave Flynn, Board Chair

FROM: Mark A. Hackel, County Executive 

DATE: March 4, 2014

RE: **CIVIL SERVICE COMMISSION APPOINTMENT**

As provided under Macomb County Home Rule Charter, PA 370 of 1941, and PA 298 of 1966, this memorandum serves as notice of the Executive's appointment to the Civil Service Commission as presented to you for Board approval:

- Mr. Carl Seitz to fill term to expire December 31, 2020 to serve as Republican representative (see attached application)

Thank you for your attention to this transmittal and I am available to answer any questions or concerns which you or the Board members may have.

MAH/smf

cc: Macomb County Clerk's Office c/o Todd Schmitz, Deputy County Clerk
Carl Seitz
Anthony Wickersham

Print Form

Application for Appointment or Re-Appointment to
Macomb County Board/CommissionSTATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:

Civil Service Commission

Term: years; from (date/year) to (date/year)

1. Applicant Information

Name: Carl William Seitz

Residence Address: 13710 Towering Oaks

City, Zip Code: Sheby Township, 48315

County of Residence: Macomb

Mailing Address (if different than above): Same as above

Preferred Phone: (586) 747-0845

Email: seitzc@macomb.edu

Best method of contact: Phone or email

2. I am at least 18 years of age: Yes No3. I am currently registered to vote: Yes No

4. Citizenship: United States

5. Employer: Macomb Community College

Employer Address: 14500 East 12 Mile Road

Nature of your work: Administration

Position: Director / Associate dean

6. Educational level, degree(s) received, other relevant certification or endorsements:

Associate of Applied Science Degree in Fire Science from Macomb Community College.
Bachelor of Science Degree in Business Communication from Rochester College.
Masters of Art Degree in Organizational Management from Spring Arbor University.

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: []
Appointment/Election Date: []
Title/Board-Commission: []
Appointment/Election Date: []
Title/Board-Commission: []
Appointment/Election Date: []

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: []
Dates Served: []
Title/Board-Commission: []
Dates Served: []
Title/Board-Commission: []
Dates Served: []

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

[]

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

No

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

N/A

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? N/A

Please indicate your attendance record for term(s) served:

Number of meetings attended N/A Number of meetings held N/A

Comments/Clarification (if necessary)

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

I served 31 years as a civil service employee and worked closely with the local Civil Service Commission during my tenure as fire chief of the Harrison Township Fire Department. I have a passion fo public service and for my community.

14. Statement of Application to Board/Commission

I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:



Printed Name:

Carl W. Seitz

Date:

2/23/15

Subscribed and sworn to before me this

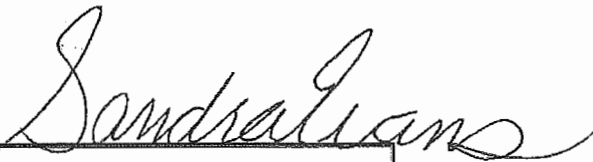
23

day of

February,

2015 .

Notary Public
Macomb County, Michigan



My Commission expires:

11-14-19

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page



Macomb County Executive Mark A. Hackel

Mark F. Deldin
Deputy County Executive

TO: David Flynn, Board Chair

FROM: Pamela J. Lavers, Assistant County Executive *PJL*

DATE: March 19, 2015

RE: **Agenda Item – Solid Waste Planning Committee Appointments**

As provided under Public Act 451 of 1994, this memorandum serves as notice of the Executive's appointment of the following individuals to the Solid Waste Planning Committee:

Appointment

Patrick Greve, Waste Management
 Charles Rizzo, Rizzo Services
 Sanford Rosen, Great Lakes Recycling
 Frederick Thompson, Indian Summer
 Recycling
 Terry Gibb, MSU Extension
 Anne Vaara, Clinton River Watershed
 Council
 Marvin Sauger, County Commissioner
 Robert Taylor, Roseville Mayor
 Ron Trombly, Lenox Township Supervisor
 Amy Mangus, SEMCOG
 Keith Miller, McLaren Macomb
 Thomas Morley, Functional Foods
 Company
 Laura Pobanz, Health Department
 Chris Dilbert, Village of New Haven

Michigan Statute Membership Requirements

Solid Waste Management Industry
 Solid Waste Management Industry
 Solid Waste Management Industry
 Solid Waste Management Industry
 Environmental Interest Group
 Environmental Interest Group
 County Government Representative
 City Government Representative
 Township Representative
 Regional Agency
 Industrial Waste Generator
 General Public
 General Public
 General Public

All members will serve two year terms as provided by statute, which will begin on the first day of the month following Commission approval.

Thank you for your attention to this item and please feel free to contact the executive office if you have any questions or concerns regarding the above.

PJL/smf



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, CHRIS DILBERT hereby make application for appointment to the _____
(Name - Please print legibly)

SOLID WASTE COMMITTEE for _____ from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
 STATE OF MICHIGAN)
)SS
 COUNTY OF MACOMB)

I reside at (Present Address): <u>59835 LYNTHIA</u>	Since:	Citizen of: <u>USA</u>
--	--------	---------------------------

City: <u>NEW HAVEN</u>	State: <u>MI</u>	Zip Code: <u>48048</u>
---------------------------	---------------------	---------------------------

Home Telephone Number: <u>(586) 749-0824</u>	Work Telephone Number: <u>(586) 752-8000</u>	Cell Phone Number: <u>(586) 651-0659</u>
---	---	---

E-mail Address: <u>DILBERT.PRESIDENT@GMAIL.COM</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

City:	State:	Zip Code:
-------	--------	-----------

Employer: <u>FORD MOTOR CO.</u>	Telephone: <u>(586) 752-8000</u>	Title: <u>SKILLED TRADES LEADER</u>
------------------------------------	-------------------------------------	--

City: <u>ROME</u>	State: <u>MI</u>	Zip Code: <u>48048</u>	Nature of Work:
----------------------	---------------------	---------------------------	-----------------

Education - Graduate from High School?: Yes No

Degree Received:	Degree Received:	Degree Received:
------------------	------------------	------------------

I presently hold the following appointments and elected positions:

Title: <u>PRESIDENT - VILLAGE OF NEW HAVEN</u>	Appointment or Election Date: <u>11-4-14</u>
---	---

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date: EXECUTIVE OFFICE
--------	--

Previously held appointments and/or elected positions:

Title: <i>PRESIDENT - VILLAGE OF NEW HAVEN</i>	Dates Served: <i>1989 - 1992</i>
Title: <i>NEW HAVEN SCHOOL BOARD</i>	Dates Served: <i>1992 - 2000</i>
Title: <i>TRUSTEE - VILLAGE OF NEW HAVEN</i>	Dates Served: <i>1982 - 1989</i>

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification (*only if necessary*):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

[Empty box for qualifications]

I hereby apply for appointment to: MACOMB COUNTY SOLID WASTE COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Chris Dilbert
Signature

CHRIS DILBERT
Name (Print or Type)

2-9-15
Date

Subscribed and sworn to before me this 9th day of February, 20 15.
Deborah M. Stark
Notary Public, Macomb County, Michigan

11-23-20
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only: Appointment:

Signature of Authorized Personnel

Approved Denied



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, TERRY GIBB (Name - Please print legibly) hereby make application for appointment to the MACOMB SOLID WASTE COMMITTEE (Name of Board or commission - Please print legibly) for 2 YRS (Number of Years) from _____ (Exact Dates of Appointment) to _____.

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): <u>14814 PECK DRIVE</u>	Since: <u>1971</u>	Citizen of: <u>U.S / MACOMB Co</u>
---	-----------------------	---------------------------------------

City: <u>WARREN</u>	State: <u>MI</u>	Zip Code: <u>48088</u>
------------------------	---------------------	---------------------------

Home Telephone Number: <u>(586) 294-9016</u>	Work Telephone Number: <u>(586) 469-6440</u>	Cell Phone Number: <u>()</u>
---	---	----------------------------------

E-mail Address: <u>gibb@anr.msu.edu</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Mailing Address (if different than above): <u>SAME</u>	I am currently registered to vote: <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

City:	State:	Zip Code:
-------	--------	-----------

Employer: <u>MSU EXTENSION</u>	Telephone: <u>(586) 469-6440</u>	Title: <u>EDUCATOR</u>
-----------------------------------	-------------------------------------	---------------------------

City: <u>CLINTON TWP.</u>	State: <u>MI</u>	Zip Code: <u>48036</u>	Nature of Work: <u>EDUCATION</u>
------------------------------	---------------------	---------------------------	-------------------------------------

Education - Graduate from High School?: Yes No

Degree Received: <u>MASTER OF ARTS</u>	Degree Received: <u>BACHELOR OF SCIENCE</u>	Degree Received: <u>ASSOCIATES</u>
---	--	---------------------------------------

I presently hold the following appointments and elected positions:

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date:
--------	-------------------------------

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NO

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NONE

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification (only if necessary):

WAS appointed to S.W COMMITTEE UNTIL COMMITTEE STOPPED MEETING

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

HAVE PROVIDED NATURAL RESOURCES EDUCATION SINCE 1982. Focus formany years was solid waste management. CONTINUE TO OFFER COUNTY COMPOST program for residents on annual basis

I hereby apply for appointment to: MACOMB SOLID WASTE COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Terry Gibb
Signature
TERRY GIBB
Name (Print or Type)

January 26, 2015
Date

Subscribed and sworn to before me this 26th
day of JANUARY, 20 15.

Debra M. Sapian
Notary Public, Macomb County, Michigan

02-22-2017
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below.

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

Notary Public, State of Michigan
County of Macomb
My Commission Expires 02-22-2017
Acting in the County of MACOMB

The following is for Office use only: Appointment:
 Approved Denied
Signature of Authorized Personnel

EXECUTIVE OFFICE
JAN 99 2015
RECEIVED



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Patrick Greve hereby make application for appointment to the _____
(Name - Please print legibly)
Solid Waste Planning Committee for 2 from _____ date of appointment
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
to 24 months thereafter

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): 7261 York Street , Dexter, MI		Since: 2001	Citizen of: United States
City: Dexter		State: MI	Zip Code: 48130
Home Telephone Number: (248) 640-9089	Work Telephone Number: (248) 640-9089	Cell Phone Number: (248) 640-9089	
E-mail Address: pgreve@wm.com		I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different than above): 48797 Alpha Drive, Suite 100		I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City: Wixom		State: MI	Zip Code: 48393
Employer: Waste Management	Telephone: (248) 596-3500	Title: Public Sector Rep	
City: Wixom	State: MI	Zip Code: 48393	Nature of Work: Public Relations

Education – Graduate from High School?: Yes No

Degree Received: Dipoloma	Degree Received: BS Pub Admin	Degree Received: MS Public Admin
------------------------------	----------------------------------	-------------------------------------

I presently hold the following appointments and elected positions:

Title: NA	Appointment or Election Date:
Title: NA	Appointment or Election Date:
Title: NA	Appointment or Election Date:

Previously held appointments and/or elected positions:

Title: Solid Waste Planning Comm Macomb	Dates Served: 2009-2013
Title: Asst City Manager, Auburn Hills	Dates Served: 1995-2001
Title: City Manager, St Clair, MI	Dates Served: 1993-1995

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?: 4

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
0	0

Comments/Clarification (only if necessary):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I possess education and experience related to formulation of public policy and direct experience in the solid waste industry and the public sector.

I hereby apply for appointment to: SOLID WASTE PLANNING COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

1/23/2015
Date

[Signature]
Signature
PATRICK G. GREVE
Name (Print or Type)

Subscribed and sworn to before me this _____

23 day of JANUARY, 2015

[Signature]
Notary Public, Macomb County, Michigan

02/15/2021
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Paula Kopka**
 - Notary Public - Michigan > Resume - Up to one page
 - Oakland County > Letter of Reference - up to two pages
 - My Comm. Expires February 16, 2021 > Letter of Intent - up to one page

The following is for Office use only:

Signature of Authorized Personnel

Appointment:
 Approved Denied

EXECUTIVE OFFICE Page 3
JAN 23 2015
RECEIVED



WASTE MANAGEMENT
MICHIGAN/OHIO AREA
48797 Alpha Drive – Suite 100
Wixom, MI 48393
(248) 596-3500
(248) 596-3595 Fax

January 23, 2015

Ms. Dana Camphous-Peterson
Macomb County Executive Office
1 South Main Street, 8th Floor
Mount Clemens, Michigan 48043

RE: Re-Appointment to the Macomb County Solid Waste Planning Committee

Ms. Camphous-Peterson:

I'd be honored to serve again as a representative on the above referenced Committee and I hereby request reappointment. My application is included with this letter.

My unique combination of public policy education and experience has previously met with approval of Macomb County resulting in my appointment to this Commission. Specifically, both my education and professional experience relate directly to formation and administration of public policy. Furthermore, I continue to work in the solid waste management industry with the nation's leading provider of environmental services and a significant stakeholder within Macomb County, Waste Management.

I will seek to lend value to the deliberations of this important policy body as it considers the future of solid waste practices within Macomb County.

Do not hesitate to call me at (248) 640-9089 to discuss my continuing interest in the position.

Thank you for your consideration.

Sincerely,



Patrick G. Greve
Public Sector Solutions Representative
Waste Management



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Amy Mangus (Name - Please print legibly) hereby make application for appointment to the _____
SOLID WASTE COMMITTEE for _____ from _____
 (Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
 STATE OF MICHIGAN
)SS
 COUNTY OF MACOMB)

I reside at (Present Address): <u>4254 Washington Crescent</u>	Since:	Citizen of:
---	--------	-------------

City: <u>Troy</u>	State: <u>MI</u>	Zip Code: <u>48085</u>
----------------------	---------------------	---------------------------

Home Telephone Number: <u>(313) 324-3350</u>	Work Telephone Number: <u>(313) 324-3350</u>	Cell Phone Number: <u>(313) 324-3350</u>
---	---	---

E-mail Address: <u>Mangus@Semcog.org</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above): <u>1001 WOODWARD # 1400</u>	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

City: <u>Detroit</u>	State: <u>MI</u>	Zip Code: <u>48226</u>
-------------------------	---------------------	---------------------------

Employer: <u>SEMCOG</u>	Telephone: <u>(313) 961-4266</u> 324	Title: <u>Manager</u>
----------------------------	---	--------------------------

City: <u>Detroit</u>	State: <u>MI</u>	Zip Code: <u>48226</u>	Nature of Work: <u>Regional Planning</u>
-------------------------	---------------------	---------------------------	---

Education - Graduate from High School?: Yes No

Degree Received: <u>BA - ALMA college</u>	Degree Received: <u>MS - EASTERN Michigan</u>	Degree Received:
--	--	------------------

I presently hold the following appointments and elected positions:

Title:	Appointment or Election Date:
Title:	Appointment or Election Date:
Title:	Appointment or Election Date:

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below: **NO**

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NO

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Nancy Ryan

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification (only if necessary):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I have represented regional planning interests on other solid waste boards, including St. Clair County and Oakland County. I will bring the regional and environmental knowledge to the job.

I hereby apply for appointment to: Solid Waste Committee
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

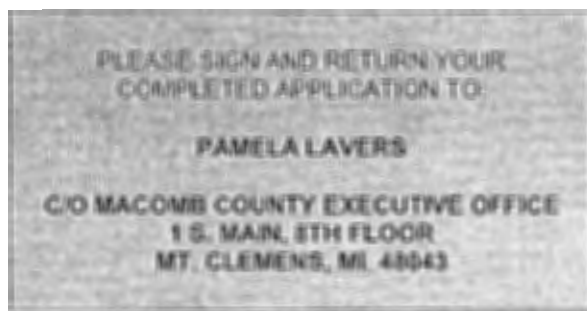
I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

2-9-15
Date

[Signature]
Signature
Amy Mangus
Name (Print or Type)

Subscribed and sworn to before me this 9
day of Feb, 2015.

[Signature]
Notary Public, Macomb County, Michigan
9/3/2020
My Commission Expires:



Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

JODY EGELTON
Notary Public - Michigan
Wayne County
My Commission Expires Sep 3, 2020
Acting in the County of Wayne

The following is for Office use only: Appointment: Approved Denied
Signature of Authorized Personnel



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Keith Miller hereby make application for appointment to the Soiled Waste
(Name - Please print legibly)
Committee for 2 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
 to _____.

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)

)SS

COUNTY OF MACOMB)

I reside at (Present Address): 31184 White Oaks		Since: 2002	Citizen of:	
City: Chesterfield		State: MI	Zip Code: 48047	
Home Telephone Number: (586) 598-7386	Work Telephone Number: (586) 493-8066	Cell Phone Number: (586) 615-0106		
E-mail Address: keith.miller@mclaren.org		I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different than above): 1000 Harrington		I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
City: Mt. Clemens		State: MI	Zip Code: 48043	
Employer: McLaren Macomb	Telephone: (586) 493-8066	Title: Director of Facilities		
City: Mt. Clemens	State: MI	Zip Code: 48043	Nature of Work:	

Education – Graduate from High School?: Yes No

Degree Received:	Degree Received:	Degree Received:

I presently hold the following appointments and elected positions:

Title:	Appointment or Election Date:
Title:	Appointment or Election Date:
Title:	Appointment or Election Date:

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NA

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NA

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Please indicate your attendance record for the term(s) served:

Comments/Clarification (only if necessary):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I have been employed by McLaren Macomb, formally Mount Clemens General Hospital, for over 25 years and currently responsible for the waste stream on site. McLaren Macomb continues to review opportunities to reduce waste as part of our sustainability measures and feel that sharing these changes would be beneficial to the community, not to mention learning what others are doing and incorporating within our organization.

I hereby apply for appointment to: _____
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Signature

Keith Miller

Name (Print or Type)

3/17/2015

Date

Subscribed and sworn to before me this 18th

day of March, 20 15.

Notary Public, Macomb County, Michigan

8/27/18

My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

WNE
Nancy Kubik, Notary Public
State of Michigan, County of Macomb
My Commission Expires 8/27/2018
Acting in the County of Macomb

The following is for Office use only:

Appointment:

Signature of Authorized Personnel

Approved Denied



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, THOMAS MORLEY hereby make application for appointment to the _____
(Name - Please print legibly)
SOLID WASTE COMMITTEE for 2 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
to _____

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): <u>37601 MAST COURT</u>	Since: <u>1978</u>	Citizen of: <u>USA</u>
--	------------------------------	----------------------------------

City: <u>HARRISON TWP</u>	State: <u>MI</u>	Zip Code: <u>48045</u>
-------------------------------------	----------------------------	----------------------------------

Home Telephone Number: <u>(586) 477-0798</u>	Work Telephone Number: <u>(586) 443-5390</u>	Cell Phone Number: <u>(586) 596-2027</u>
--	--	--

E-mail Address: <u>TMMORLEYJR@HOTMAIL.COM</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

City:	State:	Zip Code:
--------------	---------------	------------------

Employer: <u>FUNCTIONAL FOODS CO.</u>	Telephone: <u>(586) 443-5390</u>	Title: <u>PRESIDENT</u>
---	--	-----------------------------------

City: <u>ST CLAIR SHORES</u>	State: <u>MI</u>	Zip Code: <u>48081</u>	Nature of Work: <u>FOOD & BEVERAGE DEVELOPMENT</u>
--	----------------------------	----------------------------------	--

Education - Graduate from High School?: Yes No

Degree Received:	Degree Received:	Degree Received:
-------------------------	-------------------------	-------------------------

I presently hold the following appointments and elected positions:

Title: <u>MEMBER MACOMB COUNTY WRAC</u>	Appointment or Election Date: <u>SINCE INCEPTION</u>
---	--

Title:	Appointment or Election Date:
---------------	--------------------------------------

Title:	Appointment or Election Date:
---------------	--------------------------------------

EXECUTIVE
OFFICE
FEB 10 2015
RECEIVED

Previously held appointments and/or elected positions:

Title: VICE CHAIR MACOMB COUNTY WATER QUALITY BOARD	Dates Served: SINCE INCEPTION UNTIL BOARD DISOLVED.
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

N/A

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

N/A

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification (only if necessary):

N/A

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I BELIEVE THAT MY YEARS OF PARTICIPATION ON MOWQB + MOWRAC HAS PROVIDED TREMENDOUS INSIGHT TO THE CHALLENGES OF SUCCESSFULLY BALANCING THE NEED FOR ENVIRONMENTAL STEWARDSHIP WITH THE REALITY OF LOCAL, STATE AND FEDERAL FUNDING CAPABILITIES. I ALSO SIT ON THE BOARD OF CUP TECHNIQUES LTD, A CANADIAN COMPANY THAT HAS BEEN INVOLVED WITH TIM HORTON'S AND THE CITY OF TORONTO. OUR PRIMARY OBJECTIVE WAS TO ASSIST TIM HORTON'S IN ELIMINATING POLYSTYRENE DISPOSAL CUPS FROM THE WASTE STREAM.

I hereby apply for appointment to: SOLID WASTE COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

John Gray
Signature

THOMAS MONROE
Name (Print or Type)

2/9/15
Date

Subscribed and sworn to before me this 10
day of February, 20 15.

Kathy Belanger
Notary Public, Macomb County, Michigan

KATHY BELANGER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Expires 10/1/15
Note: MY COMMISSION EXPIRES IN 10/1/15. I AM NOT ACTING IN THE COUNTY OF MACOMB.

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

PAMELA LAVERS

C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Attach additional information pertaining to this Application
Note: Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only: Appointment:

Signature of Authorized Personnel Approved Denied



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Laura Pobanz hereby make application for appointment to the Macomb County
(Name - Please print legibly)
Solid Waste Committee for 2 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
to _____

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): <u>7847 Big Hand Rd.</u>	Since: <u>1991</u>	Citizen of: <u>U.S.A.</u>
--	-----------------------	------------------------------

City: <u>Columbus</u>	State: <u>MI</u>	Zip Code: <u>48063</u>
--------------------------	---------------------	---------------------------

Home Telephone Number: <u>(586) 727-2656</u>	Work Telephone Number: <u>(586) 469-5236</u>	Cell Phone Number: <u>(586) 727-2656</u>
---	---	---

E-mail Address: <u>laura.pobanz@macombgov.org</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Mailing Address (if different than above): <u>N/A</u>	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

City:	State:	Zip Code:
-------	--------	-----------

Employer: <u>Macomb County Health Dept.</u>	Telephone: <u>(586) 469-5236</u>	Title: <u>Supervisor</u>
--	-------------------------------------	-----------------------------

City: <u>Mt. Clemens</u>	State: <u>MI</u>	Zip Code: <u>48043</u>	Nature of Work: <u>Environmental Health</u>
-----------------------------	---------------------	---------------------------	--

Education – Graduate from High School?: Yes No

Degree Received: <u>B.S. Environmental Health Ferris State University 1985</u>	Degree Received:	Degree Received:
---	------------------	------------------

I presently hold the following appointments and elected positions: N/A

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date:
--------	-------------------------------

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below: *N/A*

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

<i>N/A</i>

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

<i>N/A</i>

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification *(only if necessary)*:

--

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

My education and work background is in Environmental Health. I have been employed with Macomb County Public Health for 29 years. My area of expertise is ground and surface water protection. My appointment to this board will serve to represent Macomb County and its residents by bringing a perspective of environmental and public health protection to the table.

I hereby apply for appointment to: Macomb County Solid Waste Committee
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Laura A Robanz

Signature

Laura Robanz

Name (Print or Type)

2/12/15

Date

Subscribed and sworn to before me this

12 day of February, 2015.

Mary A. Green / Mary A. Green
Notary Public, Macomb County, Michigan

August 5, 2015
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only:

Appointment:

Signature of Authorized Personnel

Approved Denied

Application for Appointment or Re-Appointment to Macomb County Board/Commission

STATE OF MICHIGAN)
)ss
COUNTY OF MACOMB)

Name of Board/Commission to which appointment is being made:
Solid Waste Planning Committee

Term: 2 years; from /2015 (date/year) to /2017 (date/year)

1. Applicant Information

Name: Charles B. Rizzo, Jr.

Residence Address: 1576 Covington

City, Zip Code: Bloomfield Township, 48301

County of Residence: Oakland

Mailing Address (if different than above): 6200 Elmridge, Sterling Heights, MI 48313

Preferred Phone: 586-477-8900

Email: chuckjr@rizzoservices.com

Best method of contact: Phone

2. I am at least 18 years of age: Yes No

3. I am currently registered to vote: Yes No

4. Citizenship: United States

5. Employer: Rizzo Environmental Services

Employer Address: 6200 Elmridge, Sterling Heights, MI 48313

Nature of your work: Waste Hauler and Recycling

Position: Chief Executive Officer

6. Educational level, degree(s) received, other relevant certification or endorsements:
Oakland Community College, Associates Degree

7. I presently hold the following appointments and elected positions:

Title/Board-Commission: NA

Appointment/Election Date: NA

Title/Board-Commission: NA

Appointment/Election Date: NA

Title/Board-Commission: NA

Appointment/Election Date: NA

8. Previously-held appointments and/or elected positions:

Title/Board-Commission: NA

Dates Served: NA

Title/Board-Commission: NA

Dates Served: NA

Title/Board-Commission: NA

Dates Served: NA

9. Have you been convicted of a felony? Yes No

If yes, list each – provide date, nature of offense or violation, name and location of court, penalty imposed (if any) or the disposition of the case. A conviction will not automatically bar you from appointment.

NA

10. Do you have a conflict of interest or a potential conflict of interest such as a financial or business interest in any contracts, grants, permits, etc., with Macomb County? *

If so, please explain. *Please reference the Macomb County Ethics Policy at www.macombBOC.com.

As the Michigan Public Act establishing the creation of this committee calls for the inclusion of four members representing the solid waste industry, and as I'm applying for one of these four positions, I do not believe that I have a conflict of interest in being appointed to this body.

11. List any family members who are, or have been, employed by Macomb County or who have been elected to County offices.

NA

12. Is this an application for re-appointment? Yes No

If yes, how many years have you served on this board/commission? NA

Please indicate your attendance record for term(s) served:

Number of meetings attended NA Number of meetings held NA

Comments/Clarification (if necessary)

NA

13. Briefly indicate your qualifications for appointment to this specific board and the reason you believe your appointment will benefit Macomb County:

Our family has 50 years experience in the waste business. I have been involved in every aspect of the waste hauling and recycling business over my 30 years of working in the business. Since I became the CEO of Rizzo Environmental Services, our company is now the largest municipal waste hauler in Metropolitan Detroit, serving 36 communities. Our acquisition of Royal Oak Recycling last year makes our company one of the largest commercial recycling operations in this region. I believe that my decades long experience and commitment to recycling, along with heading a thriving solid waste business headquartered in Macomb County, makes me well suited to be appointed to this committee.

14. Statement of Application to Board/Commission

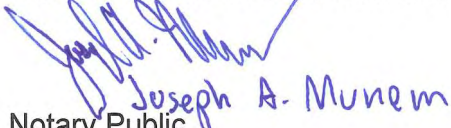
I hereby apply for appointment and do swear or affirm that, (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointment position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking:

Signature:

Printed Name: Charles B. Rizzo, Jr.

Date: January 25, 2015

Subscribed and sworn to before me this 25th day of January, 2015.


Joseph A. Munem
Notary Public
Macomb County, Michigan

My Commission expires: 9/19/2015

Note to Applicants: You may – but it is not required – attach additional information pertaining to this Application for Appointment as long as attachments do not exceed the maximum for each item listed below:

- Resume – up to one page
- Letter of Reference – up to two pages
- Letter of Intent – up to one page

EXECUTIVE OFFICE

JAN 26 2015

RECEIVED



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Sanford Rosen hereby make application for appointment to the Solid Waste Planning
(Name - Please print legibly)
Commission for from
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
 to

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)

)SS

COUNTY OF MACOMB)

I reside at (Present Address): 3870 Glen Falls	Since: 2008	Citizen of: USA
--	-----------------------	---------------------------

City: Bloomfield	State: MI	Zip Code: 48302
----------------------------	---------------------	---------------------------

Home Telephone Number: ()	Work Telephone Number: (586) 445-1310	Cell Phone Number: ()
--	--	--------------------------------------

E-mail Address: sandy@glradvanced.com	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

City:	State:	Zip Code:
-------	--------	-----------

Employer: Great Lakes Recycling	Telephone: (586) 779-1310	Title: CEO
---	--------------------------------------	----------------------

City: Roseville	State: MI	Zip Code: 48066	Nature of Work: Executive
---------------------------	---------------------	---------------------------	-------------------------------------

Education - Graduate from High School?: Yes No

Degree Received: Bachelor of Arts	Degree Received: Masters of Business Admin	Degree Received:
---	--	------------------

I presently hold the following appointments and elected positions:

Title: President, Paper Stock Industries Chapter, ISRI	Appointment or Election Date: Feb 2014
--	--

Title: Member, Oakland County Solid Waste Commission	Appointment or Election Date: Jan 2014
--	--

Title:	Appointment or Election Date: EXECUTIVE FEB 10
--------	--

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NA

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NA

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:

Comments/Clarification *(only if necessary)*:

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

Owner/Operator of a recycling company in Macomb County for 30 years and served previously.

I hereby apply for appointment to: County Solid Waste Planning

Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Sanford Rosen
Signature

Sanford Rosen

Name (Print or Type)

Feb 9, 2014

Date

Subscribed and sworn to before me this _____

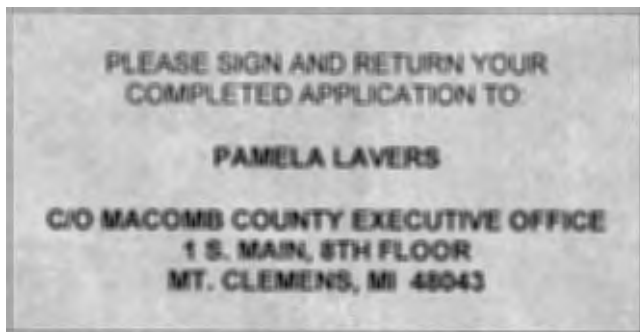
9th day of February, 2015

Wendy L Vadnaiss

Notary Public, Macomb County, Michigan

11-13-2018

My Commission Expires:



Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

WENDY L VADNAISS
Notary Public, State of Michigan
County of Macomb
My Commission Expires 11-13-2018,
Acting in the County of Macomb

The following is for Office use only:

Appointment:

Signature of Authorized Personnel

Approved Denied



APPLICATION FOR APPOINTMENT MACOMB COUNTY BOARD OR COMMISSION

(Please note: Only legible applications can be considered)

I, MARVIN E SAUGER hereby make application for appointment to the _____
(Name - Please print legibly)

SOLID WASTE ~~BOARD~~ PLANNING COMMISSION for _____ from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
 STATE OF MICHIGAN)
)SS
 COUNTY OF MACOMB)

I reside at (Present Address): <u>7290 HELEN</u>	Since: <u>1971</u>	Citizen of: <u>MACOMB</u>
---	-----------------------	------------------------------

City: <u>CENTER LINE</u>	State: <u>MI</u>	Zip Code: <u>48015</u>
-----------------------------	---------------------	---------------------------

Home Telephone Number: ()	Work Telephone Number: <u>(580) 469-5125</u>	Cell Phone Number: <u>(313) 505 6501</u>
-------------------------------	---	---

E-mail Address: <u>M SAUGER @ WOWWAY.COM</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above):	I am currently registered to vote: <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

City:	State:	Zip Code:
-------	--------	-----------

Employer:	Telephone: ()	Title:
-----------	-------------------	--------

City:	State:	Zip Code:	Nature of Work:
-------	--------	-----------	-----------------

Education - Graduate from High School? Yes No

Degree Received:	Degree Received:	Degree Received:
------------------	------------------	------------------

I presently hold the following appointments and elected positions:

Title: <u>COUNTY COMMISSIONER</u>	Appointment or Election Date: <u>NOV. 2014</u>
--------------------------------------	---

Title:	Appointment or Election Date:
--------	-------------------------------

Title:	Appointment or Election Date:
--------	-------------------------------

Previously held appointments and/or elected positions:

Title: <i>County Commissioner</i>	Dates Served: <i>1997 - present</i>
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below: *NO*

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NO

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

SON RALPH EMPLOYED BY MACOMB COUNTY SHERIFF DEPT

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Please indicate your attendance record for the term(s) served:

Comments/Clarification *(only if necessary)*:

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I HAVE BEEN A LIFE LONG RESIDENT, EMPLOYED BY COUNTY + HAVE RESIDED IN COUNTY SINCE 1937 VERY INVOLVED WITH CITY OF MT. CLEMENS, AND I UNDERSTAND ALL OF THE POLITICAL RAMIFICATIONS WHILE ON THIS BOARD

I hereby apply for appointment to: SOLID WASTE BOARD
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Maun Saugen
Signature

MAUVIN SAUGEN
Name (Print or Type)

1-26-15
Date

Subscribed and sworn to before me this 26th
day of January, 2015
Dorinda E. Doh
Notary Public, Macomb County, Michigan

October 5, 2017
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only: Appointment: Approved Denied
Signature of Authorized Personnel



APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note: Only legible applications can be considered)

I, ROBERT R TAYLOR hereby make application for appointment to the MACOMB COUNTY
(Name - Please print legibly)
SOLID WASTE COMMITTEE for 2 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): <u>18303 HAZELWOOD</u>	Since: <u>2001</u>	Citizen of: <u>MACOMB</u>
--	-----------------------	------------------------------

City: <u>ROSEVILLE</u>	State: <u>MI</u>	Zip Code: <u>48066</u>
---------------------------	---------------------	---------------------------

Home Telephone Number: <u>(586) 778-0247</u>	Work Telephone Number: <u>(586) 461-3435</u>	Cell Phone Number: <u>(586) 943-4326</u>
---	---	---

E-mail Address: <u>R.TAYLOR@ROSEVILLE-MI.GOV</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

City:	State:	Zip Code:
-------	--------	-----------

Employer: <u>MTCLEMENS PUBLIC SCHOOLS</u>	Telephone: <u>(586) 461-3435</u>	Title: <u>COORDINATOR OF SECURITY</u>
--	-------------------------------------	--

City: <u>MTCLEMENS</u>	State: <u>MI</u>	Zip Code: <u>48043</u>	Nature of Work: <u>SUPERVISOR</u>
---------------------------	---------------------	---------------------------	--------------------------------------

Education - Graduate from High School?: Yes No

Degree Received: <u>CRIMINAL JUSTICE</u>	Degree Received:	Degree Received:
---	------------------	------------------

I presently hold the following appointments and elected positions:

Title: <u>MAYOR-CITY OF ROSEVILLE</u>	Appointment or Election Date: <u>JAN-2015</u>
--	--

Title: <u>CITY COUNCIL-CITY OF ROSEVILLE</u>	Appointment or Election Date: <u>DEC-2006</u>
---	--

Title: <u>SEMSD - SOUTHEAST MACOMB SANITARY DIST (VICE CHAIRMAN)</u>	Appointment or Election Date: <u>JAN-2015</u>
---	--

Rev. 10/2011

SMDA - SOUTH MACOMB DISPOSAL AUTHORITY (BOARD MEMBER)

EXECUTIVE
OFFICE

JAN 23 2015

RECEIVED

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:
Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NONE

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NONE

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Please indicate your attendance record for the term(s) served:

Comments/Clarification *(only if necessary)*:

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I HAVE BEEN AN ELECTED OFFICIAL FOR THE CITY OF ROSEVILLE SINCE 2006. I CURRENTLY HOLD THE POSITION OF MAYOR OF ROSEVILLE. I AM A DEDICATED OFFICIAL OF THIS COUNTY. WORKING TO MAKE MACOMB COUNTY THE BEST COUNTY IN THIS STATE. PRIOR TO BECOMING THE MAYOR OF ROSEVILLE I WORKED FOR THE MACOMB COUNTY SHERIFF'S OFFICE FOR 31 YEARS WHERE I RETIRED FROM AS A LIEUTENANT.

I hereby apply for appointment to: MACOMB COUNTY SOLID WASTE COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

JAN 23, 2015
Date

[Handwritten Signature]
Signature
ROBERT R TAYLOR
Name (Print or Type)

Subscribed and sworn to before me this 23rd day of January, 20 15.

[Handwritten Signature]
Notary Public, Macomb County, Michigan

July 11, 2020
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:

PAMELA LAVERS

C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only: Appointment:

Signature of Authorized Personnel Approved Denied



APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note: Only legible applications can be considered)

I, FREDERICK THOMPSON hereby make application for appointment to the MACOMB COUNTY
(Name - Please print legibly)
SOLID WASTE COMMISSION for _____ from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)

)SS

COUNTY OF MACOMB)

I reside at (Present Address): <u>47555 WESTLAKE</u>		Since: <u>1998</u>	Citizen of: <u>UNITED STATES</u>	
City: <u>Shelby Twp.</u>		State: <u>MI</u>	Zip Code: <u>48315</u>	
Home Telephone Number: <u>(586) 914 4214</u>	Work Telephone Number: <u>(586) 725-1340</u>	Cell Phone Number: <u>()</u>		
E-mail Address: <u>thompson1sr@yahoo.com</u>		I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different than above):		I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
City:		State:	Zip Code:	
Employer: <u>INDIAN SUMMER KEY</u>	Telephone: <u>(586) 7251340</u>	Title: <u>PRESIDENT</u>		
City: <u>CASCO Twp.</u>	State: <u>MI</u>	Zip Code: <u>48064</u>	Nature of Work: <u>YARDWASTE KEY</u>	
Education - Graduate from High School?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Degree Received: <u>BBA WESTERN M</u>		Degree Received: <u>ID WAYNE STATE</u>		Degree Received:
I presently hold the following appointments and elected positions:				
Title: <u>NONE</u>		Appointment or Election Date:		
Title:		Appointment or Election Date:		
Title:		Appointment or Election Date:		

Previously held appointments and/or elected positions:

Title: <i>REPRESENTATIVE SOLID WASTE COMMISSION</i>	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below:

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

NO

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NONE

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification (only if necessary):

I NEVER MISSED A MEETING I ENJOYED THEM TO MUCH. I BELIVE I WAS A MEMBER ON THE LAST CONSTITUTED BOARD.

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I bring 20 yrs of recycling experience. My company (which doesn't cause trouble) pioneered yard waste recycling. Since recycling is now such a part of solid waste management I think having a voice on the committee is imperative!

I hereby apply for appointment to: MACOMB COUNTY SOLID WASTE COMMITTEE
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Frederick J. Thompson
Signature

FREDERICK J. THOMPSON
Name (Print or Type)

Date

Subscribed and sworn to before me this 2
day of February, 2015.
Johanna Seefried
Notary Public, Macomb County, Michigan
February 27, 2019
My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

JOHANNA SEEFRIED
Notary Public, Macomb County, Michigan
Acting in Macomb County
My Commission Expires February 27, 2019

- > Resume - Up to one page
- > Letter of Reference - up to two pages
- > Letter of Intent - up to one page

The following is for Office use only: _____ Appointment: Approved Denied
Signature of Authorized Personnel



**APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION**
(Please note: Only legible applications can be considered)

I, Ron Trombly hereby make application for appointment to the Macomb County
(Name - Please print legibly)
Solid Waste Commission for 2 from _____
(Name of Board or commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)
 to _____

TO THE MACOMB COUNTY EXECUTIVE:
 STATE OF MICHIGAN)
)SS
 COUNTY OF MACOMB)

I reside at (Present Address): 5252 County Line Road	Since: 1996	Citizen of: U.S.A.
---	----------------	-----------------------

City: Lenox Township	State: MI	Zip Code: 48048
-------------------------	--------------	--------------------

Home Telephone Number: (586) 749-9460	Work Telephone Number: (586) 727-2085x118	Cell Phone Number: (586) 709-8723
--	--	--

E-mail Address: rtrombly@lenoxtpw.org	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Mailing Address (if different than above):	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

City:	State:	Zip Code:
-------	--------	-----------

Employer: Lenox Township	Telephone: (586) 727-2085x117	Title: Supervisor
-----------------------------	------------------------------------	----------------------

City: Lenox	State: MI	Zip Code: 48050	Nature of Work:
----------------	--------------	--------------------	-----------------

Education – Graduate from High School?: Yes No

Degree Received:	Degree Received:	Degree Received:
------------------	------------------	------------------

I presently hold the following appointments and elected positions:

Title: Supervisor Lenox Township	Appointment or Election Date: November 2008
Title: Macomb Solid Waste Committee	Appointment or Election Date: 2008 to present
Title: Precinct Delegate Lenox Township	Appointment or Election Date: 2008 to present

Previously held appointments and/or elected positions:

Title: Vice President - Mirealsource	Dates Served: 2008 to Present
Title: President elect - Mirealsource	Dates Served: 2016 -
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below: No

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
Zero	Zero

Comments/Clarification (only if necessary):

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

For the past 6 years, I have held the supervisors position in the township where the landfill is located. I have knowledge from working with this site on a daily basis. I understand all aspects of its operations and its impact on the community and region.

I hereby apply for appointment to: Macomb County Solid Waste Commission
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

Ronald J. Trombly Jr.
Signature

Ronald J. Trombly Jr.
Name (Print or Type)

January 23, 2015
Date

Subscribed and sworn to before me this _____

26th day of January, 20 15.

Shannon Komoroski
Notary Public, Macomb County, Michigan

12-27-2018
My Commission Expires:



Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- SHANNON KOMOROSKI ➤ Resume - Up to one page
- Notary Public, State of Michigan ➤ Letter of Reference - up to two pages
- County of Macomb ➤ Letter of Intent - up to one page
- My Commission Expires 12-27-2018
- Acting in the County of Macomb

The following is for Office use only:

Appointment:

Signature of Authorized Personnel

Approved Denied

JAN 30 2015

RECEIVED



APPLICATION FOR APPOINTMENT
MACOMB COUNTY BOARD OR COMMISSION
(Please note: Only legible applications can be considered)

I, Anne M. Vaara hereby make application for appointment to the Solid Waste
(Name - Please print legibly)
Committee for 2 from _____
(Name of Board or Commission - Please print legibly) (Number of Years) (Exact Dates of Appointment)

to _____

TO THE MACOMB COUNTY EXECUTIVE:
STATE OF MICHIGAN)
)SS
COUNTY OF MACOMB)

I reside at (Present Address): <u>WORK</u> <u>1115 W. AVON ROAD</u>	Since:	Citizen of:
--	--------	-------------

City: <u>Rochester Hills</u>	State: <u>MI</u>	Zip Code: <u>48309</u>
---------------------------------	---------------------	---------------------------

Home Telephone Number: (<u> </u>)	Work Telephone Number: <u>(248) 601 0606</u>	Cell Phone Number: (<u> </u>)
--	---	--------------------------------------

E-mail Address: <u>anne@crwc.org</u>	I am at least 18 Years of Age: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Mailing Address (if different than above): _____	I am currently registered to vote: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

City: _____	State: _____	Zip Code: _____
----------------	-----------------	--------------------

Employer: <u>Clinton River Watershed Council</u>	Telephone: <u>(248) 601 0606</u>	Title: <u>Executive Director</u>
---	-------------------------------------	-------------------------------------

City: <u>Rochester Hills</u>	State: <u>MI</u>	Zip Code: <u>48309</u>	Nature of Work: <u>Environmental</u>
---------------------------------	---------------------	---------------------------	---

Education - Graduate from High School?: Yes No

Degree Received: <u>B.S. 1993</u>	Degree Received: <u>M.S. 2001</u>	Degree Received:
--------------------------------------	--------------------------------------	------------------

I presently hold the following appointments and elected positions:

Title: <u>Solid Waste Committee Oakland</u> <u>Meeting Commission - County</u>	Appointment or Election Date: <u>2014</u>
--	--

Title: <u>Royal Oak Planning Commission</u>	Appointment or Election Date: <u>2008</u>
--	--

Title:	Appointment or Election Date:
--------	-------------------------------

EXECUTIVE
OFFICE

FEB 17 2015

RECEIVED

Previously held appointments and/or elected positions:

Title:	Dates Served:
Title:	Dates Served:
Title:	Dates Served:

Have you ever been convicted of a felony? If yes, list each below: *No*

Date of Offense:	Nature of Offense/Violation:	Name/Location of Court:	Penalty Imposed (if any) / Disposition:

Do you have a conflict of interest or a potential conflict of interest? Such as a financial or business interest in any contracts, grants, permits, etc. with Macomb County? If so, list the interest (except where required for the appointment):

No

List any family members who are or have been employed by Macomb County or are or have been elected to County Offices:

NONE

Is this an application for reappointment?:

Yes No

If so, how many years have you served on this board?:

Please indicate your attendance record for the term(s) served:

# of Meetings Attended:	# of Meetings Held:
-------------------------	---------------------

Comments/Clarification *(only if necessary)*:

Briefly indicate your qualifications for appointment to this specific board and why you believe your appointment will benefit Macomb County:

I am ED. for Clinton River watershed council. We conduct 65% of our activities in Macomb County. I am familiar with environmental issues and sitting on boards and committees. I am honored to be considered for this committee

I hereby apply for appointment to: Solid Waste Committee
Board or Commission

and do swear or affirm that (1) if appointed, I will comply with all statutory and other requirements and obligations of my appointment; (2) if I cease to comply with such requirements, I automatically forfeit said appointed position; (3) I hold no position or appointment which is a conflict of interest with the appointed position applied for; and (4) to the best of my knowledge and belief, I possess the requisite qualifications for the office I am seeking.

I further certify that I can and will upon request substantiate all statements and information provided by myself on this application and that all statements are complete and correct to the best of my knowledge.

I also understand that any false statements or erroneous information provided in connection with this application may be cause for rejection of appointment.

1. 24. 15

Date

[Signature]

Signature

Anne Vaara

Name (Print or Type)

Subscribed and sworn to before me this _____

13 day of February, 20 15

[Signature]
Notary Public, Macomb County, Michigan

October 8, 2018

My Commission Expires:

PLEASE SIGN AND RETURN YOUR COMPLETED APPLICATION TO:
PAMELA LAVERS
C/O MACOMB COUNTY EXECUTIVE OFFICE
1 S. MAIN, 8TH FLOOR
MT. CLEMENS, MI 48043

Note: Applicants may - but it is not required - attach additional information pertaining to this Application for Appointment. Attachments may not exceed the maximum for each of the listed below:

- Resume - Up to one page
- Letter of Reference - up to two pages
- Letter of Intent - up to one page

The following is for Office use only:

Appointment:

Signature of Authorized Personnel

Approved Denied

LAVAUGHN M COLE
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF MACOMB
My Commission Expires Oct. 8, 2018
Acting in the County of Oakland



Andrew Kim <andrew.kim@macombgov.org>

Commissioner's Question - Solid Waste Committee Members

John Schapka <john.schapka@macombgov.org>

Tue, Apr 21, 2015 at 2:40 PM

To: Andrew Kim <andrew.kim@macombgov.org>

Andrew,

I understand one of the Commissioners questioned whether there is a county residency requirement applicable to the members of a solid waste planning committee.

The controlling statute is MCL 324.11534 which sets forth the membership criteria. The statute does not require that any member be a resident of the County in which the committee functions.

However, because three members must be elected officials from county, city, and township governmental units, the statute indirectly provides a mechanism under which at least these three must be county residents. This is so because residency in the county, city, or township would be required to run for and assume elected office.

John

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION ACT (EXCERPT)
Act 451 of 1994

324.11534 Planning committee; purpose; appointment, qualifications, and terms of members; approval of appointment; reappointment; vacancy; removal; chairperson; procedures.

Sec. 11534. (1) The county executive of a charter county that elects a county executive and that chooses to prepare a solid waste management plan under section 11533 or the county board of commissioners in all other counties choosing to prepare an initial solid waste management plan under section 11533, or the municipalities preparing an initial solid waste management plan under section 11533(4), shall appoint a planning committee to assist the agency designated to prepare the plan under section 11533. If the county charter provides procedures for approval by the county board of commissioners of appointments by the county executive, an appointment under this subsection shall be subject to that approval. A planning committee appointed pursuant to this subsection shall be appointed for terms of 2 years. A planning committee appointed pursuant to this subsection may be reappointed for the purpose of completing the preparation of the initial solid waste management plan or overseeing the implementation of the initial plan. Reappointed members of a planning committee shall serve for terms not to exceed 2 years as determined by the appointing authority. An initial solid waste management plan shall only be approved by a majority of the members appointed and serving.

(2) A planning committee appointed pursuant to this section shall consist of 14 members. Of the members appointed, 4 shall represent the solid waste management industry, 2 shall represent environmental interest groups, 1 shall represent county government, 1 shall represent city government, 1 shall represent township government, 1 shall represent the regional solid waste planning agency, 1 shall represent industrial waste generators, and 3 shall represent the general public. A member appointed to represent a county, city, or township government shall be an elected official of that government or the designee of that elected official. Vacancies shall be filled in the same manner as the original appointments. A member may be removed for nonperformance of duty.

(3) A planning committee appointed pursuant to this section shall annually elect a chairperson and shall establish procedures for conducting the committee's activities and for reviewing the matters to be considered by the committee.

History: 1994, Act 451, Eff. Mar. 30, 1995.

Popular name: Act 451

Popular name: NREPA

Popular name: Solid Waste Act