



**WEST VIRGINIA SOLID WASTE MANAGEMENT BOARD  
SOLID WASTE AUTHORITY BOARD APPOINTMENT FORM**

**2017**

**Solid Waste Authority** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>County Commission Appointee</b>		Expiring: 6/30/18
Name	_____	Work Phone _____
Board Title	_____	Home Phone _____
Home Address	_____	Cell Phone _____
City, State, Zip	_____	E-mail _____

<b>County Commission Appointee</b>		Expiring: 6/30/20
Name	_____	Work Phone _____
Board Title	_____	Home Phone _____
Home Address	_____	Cell Phone _____
City, State, Zip	_____	E-mail _____

<b>Department of Environmental Protection Appointee</b>		Expiring: 6/30/21
Name	_____	Work Phone _____
Board Title	_____	Home Phone _____
Home Address	_____	Cell Phone _____
City, State, Zip	_____	E-mail _____

<b>Public Service Commission Appointee</b>		Expiring: 6/30/19
Name	_____	Work Phone _____
Board Title	_____	Home Phone _____
Home Address	_____	Cell Phone _____
City, State, Zip	_____	E-mail _____

<b>Conservation District Appointee</b>		Expiring: 6/30/20
Name	_____	Work Phone _____
Board Title	_____	Home Phone _____
Home Address	_____	Cell Phone _____
City, State, Zip	_____	E-mail _____

<b>AUTHORITY'S DESIGNATED CONTACT PERSON*</b>	<b>AUTHORITY'S OFFICIAL MAILING INFORMATION</b>
Name	<i>One address, to be entered into State Auditor's system for assessment checks &amp; grant funds.</i>
Title	
Address	Address _____
City, State, Zip	City, State, Zip _____
Daytime Phone	
Cell Phone	
E-mail	

**\*Contact individual will be placed on the SWMB website and responsible for receiving the majority of information from the SWMB.**

I hereby certify that the above information is true and correct.

SWA Chairperson/Director Signature \_\_\_\_\_ Date \_\_\_\_\_