

**Subject:** Online Form Submittal: Advisory Group Application  
**Date:** Saturday, January 3, 2026 9:05:14 PM

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## Advisory Group Application

### Step 1

#### Application for Appointment to Whatcom County Advisory Groups

##### Public Statement

THIS IS A PUBLIC DOCUMENT: As a candidate for a public advisory group, the information provided will be available to the County Council, County Executive, and the public. All advisory group members are expected to be fair, impartial, and respectful of the public, County staff, and each other. Failure to abide by these expectations may result in revocation of appointment and removal from the appointive position.

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Title Mr.

First Name John

Last Name Perry

Today's Date 1/3/2026

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Do you live in Yes  
Whatcom County?

Do you have a different Field not completed.  
mailing address?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### Step 2

1. Name of Advisory Flood Control Zone District Advisory Committee

Group

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Flood Control Zone      Impacted Cities representative  
District Advisory  
Committee Position:

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2. Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying?

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3. Which Council district do you live in?

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4. Have you ever been a member of this Advisory Group

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If yes, please list dates: 2010-present

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5. Do you or your spouse have a financial interest in or are you an employee or officer of any business or agency that does business with Whatcom County?

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6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county?

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You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions

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7. Please describe your occupation (or former occupation if retired), Mayor of the City of Everson

qualifications,  
professional and/or  
community activities,  
and education

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8. Please describe why To help manage the river  
you're interested in  
serving on this  
Advisory Group.

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References (please  
include daytime  
telephone number): *Field not completed.*

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Appointment Requirements I understand and agree

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Signature of applicant: John Perry

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Place Signed / Submitted 

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(Section Break)

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