

Subject: Online Form Submittal: Advisory Group Application
Date: Tuesday, January 2, 2024 8:57:26 AM

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.

Title	Mr.
First Name	John
Last Name	Perry
Today's Date	1/2/2024
Street Address	██████████
City	██████
Zip	████
Do you live in Whatcom County?	Yes
Do you have a different mailing address?	<i>Field not completed.</i>
Primary Telephone	██████████
Secondary Telephone	<i>Field not completed.</i>
Email Address	████████████████████

Step 2

1. Name of Advisory Flood Control Zone District Advisory Committee

Group

Flood Control Zone District Advisory Committee Position: Impacted Cities representative

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

3. Which Council district do you live in? Not applicable

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

If yes, please list dates: January 2010 - Current

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? No

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county? No

You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions *Field not completed.*

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

qualifications,
professional and/or
community activities,
and education

8. Please describe why *Field not completed.*
you're interested in
serving on this
Advisory Group.

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

Appointment *I understand and agree*
Requirements

Signature of applicant: John Perry

Place Signed /
Submitted

(Section Break)
