



# Bay County Department of Water & Sewer Water System Advisory Council Application of Interest

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Please explain why you would like to volunteer for the Water System Advisory Council (WSAC):**

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**Please detail your relevant experience or training that would be applicable to this position on the Council (attach a resume if you so desire, but its not required):**

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**The WSAC is scheduled to meet the first Thursday of each month at 1030 AM, do you anticipate any complications with participating on a regular basis?**

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**The initial appointment to the WSAC will be for a term of two years, do you have any concern with this length of commitment?**

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**Is there anything else you would like to share with the selection committee that has not been detailed above?**

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