

MEMO TO: WASSP-1(1) File

F R O M: Shane Sinenci, Chair

Water Authority, Social Services, and Parks Committee

SUBJECT: TRANSMITTAL OF INFORMATIONAL DOCUMENT RELATING TO

EAST MAUI REGIONAL COMMUNITY BOARD (WASSP-1(1))

The attached informational document pertains to Item 1(1) on the Committee's agenda.

wassp:ltr:001(1)afile01:jgk

Attachment



EAST MAUI REGIONAL COMMUNITY BOARD APPLICATION FORM

Maui County Council

Name: (First) (Middle Name) City of Residence: ____ Employer & Position: Business Phone:_____Email:____ Why are you interested in serving on this board? If you cannot respond to any of the following four prompts, you do not qualify for this board. The East Maui Regional Community Board is concerned with the Nāhiku, Ke'anae, Honomanū, and Huelo license areas. Are you interested in representing any of these license areas? If so, please check the box next to the license area or areas you are interested in representing and describe why you are qualified to represent those areas. □ Nāhiku □ Ke'anae □ Honomanū □ Huelo If you expressed interest in representing any license area, please describe your experience in water resource management and watershed restoration in the selected area or areas. Attached to this application is a map of the Upcountry Water System Service Area. Are you actively engaged in ranching, farming, aquaculture, or loko i'a in this area? If so, please provide a description of the operation and an explanation of your role in the operation. Please also describe your experience in water resource management.

Attached to this app describe your experie		of the Upcountry Water System Service Area. If you reside in this area, please
		aree management.
	1111	
		
Employment History: From	: To	Employer & Position
Community and Prof	fessional Organiza	tions/Activities:
Previous County Exp	perience (employme	ent or board member):
Educational Backgro	ound:	
		ction 2.41.090 for rules on board attendance. If selected, please state your label all regularly scheduled board meetings and at least two public meetings per
Consent to be Nomina	ated and Certificati	ion of Truthfulness and Accuracy of Information:
I declare that the abo	ove statements are	e true and accurate to the best of my knowledge.
Signature:		
		rmation by the Maui County Council. Board terms range from two years to five ee, the information contained on this form will be provided to the public upon
East Maui Regional (High Street, #703, W of Council Services' of	Community Board Vailuku, HI 96793 ffice; fax your appl	WASSP.Committee@mauicounty.us_by with a reference to d. You may also mail your application to Office of Council Services, 200 South 3; drop your application in a drop box located outside the entrance to the Office lication to (808) 270-7686; or hand deliver to any Council residency area office further information, call WASSP Committee staff at (808) 270-7761 or (808)



EAST MAUI REGIONAL COMMUNITY BOARD APPLICATION CONTACT INFORMATION

The information contained on this form is considered CONFIDENTIAL and will NOT be made available to the public.

CONTACT INFORMATION:		
Name:		
(Last)	(First)	(Middle Name)
Home Address:		
Mailing Address:		
Home Phone:		
Cell Phone:		
Political Affiliation:		
		e majority of members of a board or commission I carrying member of a political party. If not,
For those actively engaged in address where these activities		or loko i'a, please provide the physical

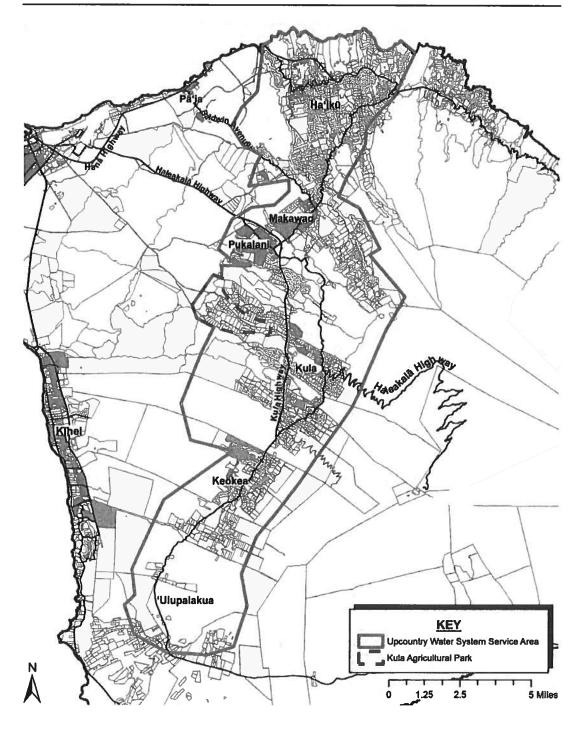


Figure 13. Upcountry Maui, Water System Service Area