



Summit County Surface Water Management District - Bath

**APPLICATION TO SERVE AS A MEMBER
OF THE SURFACE WATER ADVISORY COMMITTEE**

Name _____

Bath Address or Bath Connection _____

Contact Information:

Email address _____

Preferred phone number _____

Preferred mailing address _____

Job title _____

Employer _____

Industry of Employer _____

Area(s) of Expertise Relative to the SWMD:

Years of Experience with above _____

Current community involvement:

I have read the information about the Surface Water Advisory Committee and understand the commitment that is required.

Name

Date