



**WEST VIRGINIA SOLID WASTE MANAGEMENT BOARD  
SOLID WASTE AUTHORITY BOARD APPOINTMENT FORM**

**FY 2025**

**Solid Waste Authority:** \_\_\_\_\_

By serving on a public board, board members understand that their phone numbers and e-mails will be included on lists that may be shared with other state agencies. The SWMB **will not** disclose board members' mailing addresses unless specifically requested. Please remember to notify the SWMB anytime there is a change in board member contact information, a member resigns, is removed, or has been reappointed.

**\*Appointment letters from each appointing authority MUST be attached for each member to verify their position.**

OFFICIAL SWA MAILING ADDRESS		DESIGNATED SWA CONTACT PERSON	
Mailing Address		Name	
City, State, Zip		Title	
		SWA Phone	
Physical Address		Secondary Phone	
City, State, Zip		SWA E-mail	

**\*Contact person will be listed on the SWMB website with the official mailing address, SWA phone number, and SWA email unless a revocation letter is received by the SWMB.**

<b>County Commission Appointee</b>		<b>Expiring: 6/30/26</b>	
Name	_____	Primary Phone	_____
Board Title	_____	Secondary Phone	_____
Home Address	_____	E-mail	_____
City, State, Zip	_____	Other	_____
<b>County Commission Appointee</b>		<b>Expiring: 6/30/28</b>	
Name	_____	Primary Phone	_____
Board Title	_____	Secondary Phone	_____
Home Address	_____	E-mail	_____
City, State, Zip	_____	Other	_____
<b>Department of Environmental Protection Appointee</b>		<b>Expiring: 6/30/25</b>	
Name	_____	Primary Phone	_____
Board Title	_____	Secondary Phone	_____
Home Address	_____	E-mail	_____
City, State, Zip	_____	Other	_____
<b>Public Service Commission Appointee</b>		<b>Expiring: 6/30/27</b>	
Name	_____	Primary Phone	_____
Board Title	_____	Secondary Phone	_____
Home Address	_____	E-mail	_____
City, State, Zip	_____	Other	_____
<b>Conservation District Appointee</b>		<b>Expiring: 6/30/28</b>	
Name	_____	Primary Phone	_____
Board Title	_____	Secondary Phone	_____
Home Address	_____	E-mail	_____
City, State, Zip	_____	Other	_____

I hereby certify that the above information is true and correct.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_