

MEMORANDUM

TO: Peter Ribbens, Assembly President
Members of the Borough Assembly

FROM: Peter A. Micciche, Borough Mayor



DATE: March 24, 2025

RE: Appointments to Service Area Boards

In accordance with KPB 16.60.020(A), Service Area Board members are appointed by the Borough mayor and confirmed by the Assembly. The following appointments are forwarded to the Assembly for consideration and confirmation:

EASTERN PENINSULA HIGHWAY EMERGENCY SERVICE AREA BOARD

Rachel Sullivan Seat A Term Expires 10/2027

WESTERN EMERGENCY SERVICE AREA BOARD

Janet Hewitt Cully Seat A Term Expires 10/2026

Kenai Peninsula Borough
Office of the Borough Clerk

MEMORANDUM

TO: Peter A. Micciche, Borough Mayor *PAM*
FROM: Michele Turner, Borough Clerk *(MT)*
DATE: March 19, 2025
RE: Service Area Board Application for Appointment

The notice of vacancy for the Western Emergency Service Area Seat A was advertised on January 22, 2025. The application period closed on February 14, 2025 and has remained open until filled.

In accordance with KPB 16.60.020(a), the applicant listed below has been verified as a resident and qualified voter of the borough. The application is submitted herewith for your consideration.

Western Emergency Service Area

Seat A

Janet Hewitt Cully

Thank you.

Application for Appointment to a Service Area Board
 Kenai Peninsula Borough
 Office of the Borough Clerk

144 N. Binkley Street
 Soldotna, AK 99669-7599
 assemblyclerk@kpb.us

Phone: (907) 714-2160
 Toll Free: 1 (800) 478-4441
 Fax: (907) 714-2388

GENERAL INFORMATION

I, Janet Hewitt Cully, am a qualified voter and declare myself to be a resident
Applicant's Printed Name
 and applicant for nomination to the office of:
Western Emergency SERVICE AREA SEAT A

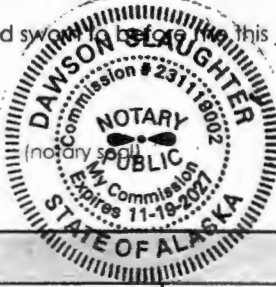
APPLICANT INFORMATION

Physical Residence Address: 30879 Hannah Rene Road, Anchor Point, AK 99556
 Resident of Kenai Peninsula Borough: 5 years 6 months Resident of Service Area: 5 years 6 months
 Mailing Address: P.O. Box 75, Anchor Point, AK 99556
 Daytime Phone Number: 410-459-0511 Email: JCully@LinkdHealthCare.com
 Provide at least ONE Identifier: Voter # _____ SS # _____ Date of Birth [REDACTED]

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and citizenship requirements of this office. I further certify that I shall meet the age requirements upon taking the oath of office, if appointed.

X Janet Hewitt Cully
 Applicant's Signature

State of Alaska)
 Third Judicial District) SS.

Subscribed and sworn to before me this 17th day of March, 2025

Casper Spayth
 Notary Public
 My commission expires: Nov 19 2027

For Office Use Only

Date Received:		By:	
Verified:	D/P:	Application Forwarded To:	<input type="checkbox"/> Mayor's Office <input type="checkbox"/> Service Area Board
Service Area Board: <input type="checkbox"/> Recommended Appointment <input type="checkbox"/> Not Recommended	Mayor: <input type="checkbox"/> Recommended Appointment <input type="checkbox"/> Not Recommended	Confirmed By Assembly: <input type="checkbox"/> Letter Mailed To Applicant: _____	

Expires 10/26