MEMORANDUM

TO: Members of the Borough Assembly

FROM: Peter A. Micciche, Borough Mayor

DATE: October 20, 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

Sean Carrington Seat C Term Expires 10/2028

ROAD SERVICE AREA BOARD

Paul Hartley At-Large #2 Seat Term Expires 9/2028

SOUTHKENAI PENINSULA HOSPITAL SERVICE AREA BOARD

Storm Hansen Seat A Term Expires 10/2027

WESTERN EMERGENCY SERVICE AREA BOARD

Dawson Slaughter Seat B Term Expires 10/2028 Katherine Covey Seat D Term Expires 10/2028

Kenai Peninsula Borough

Office of the Borough Clerk

MEMORANDUM

TO:

Peter A. Micciche, Borough Mayor

THRU:

Michele Turner, Borough Clerk

FROM:

Sue Ellen Essert, Deputy Borough Clerk

DATE:

October 17, 2025

RE:

Service Area Board Applications for Appointment

The notice of vacancy for service area board seats was advertised on September 26, 2025. The vacancy notice was posted on the Borough's website, in the borough administration building and was provided to the service areas for posting in the community. The application period closed on October 16, 2025.

Pursuant to KPB Title 16, the applicants below have been verified as registered voters of the Borough and residents of the service area.

Below are the applications received to date and are submitted for your consideration. All other service area board seats will remain open until filled.

EASTERN PENINSULA HIGHWAY EMERGENCY SERVICE AREA BOARD

Seat C

Sean Carrington

ROAD SERVICE AREA BOARD

At-Large #2 Seat

Paul Hartley (registered voter of K-Beach)

SOUTH KENAI PENINSULA HOSPITAL SERVICE AREA BOARD

Seat A

Ashley Palm

Seat A

Storm Hansen

WESTERN EMERGENCY SERVICE AREA BOARD

Seat B

Dawson Slaughter

Seat D

Katherine Covey

Thank you.

Subject: Service Area Appointment Application received

Select One: Eastern Peninsula Highway Emergency Service Area Board, Seat B

(Term Expires 10/2028)

Applicant Name: Sean Carrington

Physical Residence Address: 33284 Forrest Rd. Apt 1

City: Seward State: Alaska Zip: 99664

My Mailing Address is DIFFERENT from my Residence Address

Mailing Address: PO Box 2755

City: Seward State: Alaska Zip: 99664

Email: sfdprevention@gmail.com

Daytime Phone: 9072025610

Voter #

ss #

Date of Birth

I have been a Resident of the Kenai Peninsula Borough for: Years: 30 Months:0

I have been a Resident of the selected Service Area for: Years: 30 Months: 0 What knowledge, experience, or expertise will you bring to this board?

Seward Fire Dept. - 18 years

Fire Prevention, Life Safety Officer,

Moose Pass Fire - 20 years, position Fire Lieutenant

Bear Creek Fire - 2 terms

Member of EPHESA Board Member since 2019, Chair for last 2 terms.

Last remaining member of the original board.

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

Subject: Service Area Board Appointment Application

Select One: Road Service Area, At-Large Seat #2

(Term Expires 9/2028)

Applicant Name: Paul Hartley

Physical Residence Address: 37235 Baldpate Loop

City: Kenai State: AK Zip: 99611

Mailing Address

City State Zip

Email: phartley@alaskanazarene.org

Daytime Phone: 907-252-5773

Voter #

ss #

Date of Birth:

I have been a Resident of the Kenai Peninsula Borough for:

Years: 24

Months: 11

I have been a Resident of the selected Service Area for:

Years: 24

Months:11

What knowledge, experience, or expertise will you bring to this board?

Worked with boards over the last 43 years. Last 15 years as the Alaska District Superintendent with the Church of the Nazarene working with 28 churches across Alaska with a budget of over 3.2 million dollars

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

Ph

Subject: Service Area Appointment Application received

Select One: South Kenai Peninsula Hospital Service Area Board, Seat A

(Term Expires 10/2027)

Applicant Name: Storm Hansen

Physical Residence Address: 687 Daybreeze Ct

City: Homer State: Alaska Zip: 99603

My Mailing Address is DIFFERENT from my Residence Address

Mailing Address: PO Box 1068

City: Homer State: Alaska Zip: 99603

Email: stormphansen@gmail.com

Daytime Phone: 907-435-7330

Voter #

SS #

Date of Birth:

I have been a Resident of the Kenai Peninsula Borough for:

Years: 51 Months: 2

I have been a Resident of the selected Service Area for: Years 51 Months 2

What knowledge, experience, or expertise will you bring to this board?

I have been on the Homer City Council for the past 6 years and have learned so much about our community and borugh through my years there. I also work for HOmer Medical Center for coming up on 25 years. I have seen alot of growth and changes through our healthcare systme and I feel like I have alot to offer with my years as a resident and employee of SPH.

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

sph

Subject:

FW: Service Area Appointment Application received

From: Kenai Peninsula Borough <webmaster@kpb.us>

Sent: Friday, October 10, 2025 11:46 AM

To: G_Notify_AssemblyClerk < G_Notify_AssemblyClerk@kpb.us>

Subject: Service Area Appointment Application received

Select One

South Kenai Peninsula Hospital Service Area Board, Seat A (Term Expires 10/2027)

Applicant Name

Ashley Palm

Physical Residence Address

57360 E End Rd

City

Homer

State

AK

Zip 99603

Mailing Address

City

State

Zip

Email

ashleypalm72@gmail.com

Daytime Phone

9075389300

Voter #

SS #

Date of Birth

I have been a Resident of the Kenai Peninsula Borough for:

Years

10

Months

4

I have been a Resident of the selected Service Area for:

8

Months

9

What knowledge, experience, or expertise will you bring to this board?

As a seasoned leader in home and community-based care, I offer a unique perspective on the challenges and opportunities shaping our region's health landscape. I would be honored to work with the Board to enhance and expand the services offered to our community.

{UploadResumeText:value}

{UploadResume:caption} {UploadResume:value} {UploadResume:path} {UploadResume:localpath} {UploadResume:filename}

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

Subject: Service Area Appointment Application received

Select One: Western Emergency Service Area Board, Seat B (Term Expires

10/2028)

Applicant Name: Dawson Slaughter

Physical Residence Address: 34290 Eason LN

City: Anchor Point State: AK Zip:99556

My Mailing Address is DIFFERENT from my Residence Address

Mailing Address: PO BOX 1065 City: Anchor Point State: AK Zip: 99556

Email: slaughterdawson1@gmail.com

Daytime Phone: 907-299-4775

Voter #

SS #

Date of Birth:

I have been a Resident of the Kenai Peninsula Borough for: Years 30 Months 1

I have been a Resident of the selected Service Area for: Years: 30 Months 1

What knowledge, experience, or expertise will you bring to this board?

I am the current chair president of the board and have served for many years.

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

DS

Subject: Service Area Appointment Application

Select One: Western Emergency Service Area Board, Seat D (Term Expires

10/2028)

Applicant Name: Katherine Covey

Physical Residence Address: 16699 easy street

City: Ninilchik State: AK Zip: 99639

My Mailing Address is DIFFERENT from my Residence Address

Mailing Address: PO BOX 39521 City: Ninilchik State: AK Zip: 99639

Email: Katco907.nes@gmail.com

Daytime Phone: 9073981773

Voter #

ss #

Date of Birth:

I have been a Resident of the Kenai Peninsula Borough for: Years 42 Months: 6

I have been a Resident of the selected Service Area for: Years 42 Months 6

What knowledge, experience, or expertise will you bring to this board?

Current Seat D holder

Former President Ninilchik Emergency

Former EMTII Ninilchik EMS

APPLICANT CERTIFICATION: I certify that the information in this Application for Appointment is true and complete and that I meet the specific residency and voter registration requirements of this office. I further acknowledge that by typing my initials below I intend to fully sign this document.

Type your initials to sign

KC