KENAI PENINSULA BOROUGH

144 North Binkley Street Soldotna, AK 99669 Phone 907-714-2160 Fax 907-714-2388 Johni Blankenship, MMC Borough Clerk

mailto:jblankenship@kpb.us

MEMORANDUM

TO:

Mike Navarre, Borough Mayor

FROM:

Johni Blankenship, Borough Clerk

DATE:

October 25, 2016

RE:

Re-Appointments to the Bear Creek Fire Service Area Board

The Bear Creek Fire Service Area Board is recommending the following applicants for reappointment:

Earl Kloster

Seat A

Term to Expire: October, 2017

Dan Logan

Seat D

Term to Expire: October, 2017

The applications are attached for your review and consideration.

Once your appointment has been determined it will need to be confirmed by the Assembly. (KPB 16.28.070)

KENAI PENINSULA BOROUGH APPLICATION FOR APPOINTMENT - SERVICE AREA

This form must be completed in its entirety or the application will not be validated. Corrections must be initialed.

	GENERAL IIN (Please Rrij	FORMATION nt.or Type)		9				
ı, Daniel Logan	, am a	qualified voter	and declare mys	elf to be a resident an				
applicant for nomination to the office of:								
Bear Creek Fire		SERVICE	AREA	SEAT D				
	RESIDENCY	LEORMATION		A Sign				
the second secon								
My current physical residence address is: 13150 Heather Lee Lane Seward, AK 99664								
I have been a resident of the Kenai Peninsula Borough since:								
and a resident of the service area in which I am seeking office since: 1990, 1991								
My full mailing address is: 13150 Heather Lee Lave, Seward, AK 99664								
	CERTIFIC	,	, , ,					
L the undersigned, certify that the information in	his Application for App	ointment is true and						
ditizenship requirements of this office. I further ce	rtify that I shall meet th	e age requirements d	ipon taking the oath o	of office, if appointed.				
Subscribed and sworn to before me this //	day of	(1)	Cha					
October 2010	CANDIDATE'S SIGNATURE							
A. M. Marin	RIESA	617 599 7067						
Signature of Notary Public Adams 3G-SA 617 599 7067 HOME PHONE - WORK PHONE - FAX NO.								
My commission expires: 11/03/2018		In order to verify your voter registration status, please provide one of the						
AND		following identifiers:						
COMMISSION		ocial Security No.						
(NEXPIRESSEAL)	, V	oter No.						
OUBLIC	į	mail: (Optional)	danto	gan @ leee. org				
FOR OFFICE USE ONLY								
RECEIVED IN KPB CLERK'S OFFICE: DATE: 10-13-14 TIME: NA LIMBIL BY: WWZ								
VERIFIED: 10 20 10 D/P: 29-100 APPLICATION FORWARDED TO: MAYOR'S OFFICE 10-28-16								
SERVICE AREA BOARD;	MAYOR:		CONFIRMED BY ASSEME	NY:				
RECOMMENDED APPOINTMENT One of the commended	☐ RECOMMENDED APPORT	ÒINTMENT	LETTER MAILED TO APPLICANT:					

Return completed application to one of the following locations:

Office of the Borough Clerk, 144 N. Binkley Street, Soldotna, AK 99669 KPB Homer Annex Office, 206 E. Pioneer Street, Homer, AK 99603 KPB Seward Annex Office, 302 Railway Ave., Suite 122, Seward, AK 99664

KENAI PENINSULA BOROUGH APPLICATION FOR APPOINTMENT - SERVICE AREA

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ĞÊNERAL IN FORMATION (Pléase Printor Type)								
I, Earl Kloster		a qualified voter	and declare mys	elf to be a resident and				
applicant for nomination to the office Bear Creek Fire	ce of:	SERVIÇE	AREA	SEAT A				
RESIDENCY INFORMATION								
My current physical residence address i	s: 37129	Brierwood	1 Sourt	ACC 99664				
I have been a resident of the Kenai Peninsula Borough since: 2004								
and a resident of the service area in which I am seeking office since:								
My full mailing address is:	Bus 1673	SEWAL A	IC 95664	,				
CERTIFICATION I, the undersigned, 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.								
Subscribed and sworn to before me this	_	X X	,					
October 2010	CANDIDATE'S SIGNATURE							
Austria of Notary Public	9.7 321-0404 HOME PHONE-WORK PHONE-FAX NO.							
My commission expires: 11/63/20/8	In order to verify your voter registration status, please provide one of the following identifiers:							
William C	OMMISSION	Social Security No.						
(NOT RY STAL)	EXPIRES :	Voter No.						
Maria S.	UBLIC SUPERING	Emaîl: (Optional)						
FOR OFFICE USE ONLY								
RECEIVED IN KPB CLERK'S OFFICE: DATE:	0-13-14	TIME: MALMO	ril BY: MR					
VERIFIED: 10/26/16 D/P:	29-100	APPLICATION FORWARD	DED TO: MAYOR'S O	FFICE U-VO-10				
SERVICE AREA BOARD: RECOMMENDED APPOINTMENT NOT RECOMMENDED	MAYOR: RECOMMENDED A NOT RECOMMENDE		i	BLÝ:				

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