

## APPLICATION FOR COUNTY OF EL DORADO BOARD OF SUPERVISORS BOARD, COMMISSION, OR COMMITTEE

Clerk of the Board of Supervisors 330 Fair Lane, Placerville, CA 95667 (530) 621-5390 | edc.cob@edcgov.us

| Board or Commission Applying For EDSWAC                                                                                                                       | Vacant Position or Title El Dorado Disposal Alternate (Replacing Ross Reaksecker) |                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|
| First Name Christopher                                                                                                                                        | Last Name Brown                                                                   |                                   |
|                                                                                                                                                               |                                                                                   |                                   |
|                                                                                                                                                               | Residential City Placerville                                                      | Residential ZIP Code <b>95667</b> |
| Daytime Telephone                                                                                                                                             | Mobile Telephone (no value entered)                                               |                                   |
| Occupation/Title  District Manager                                                                                                                            | Employer El Dorado Disposal                                                       |                                   |
| List all County boards, commissions or committees to which you are/were appointed. Please include dates of service. <b>N/A</b>                                |                                                                                   |                                   |
| Summary of qualifications 5+ years of operations oversight for El Dorado Disposal. Bachelor's degree in Business Management from University of Nevada, Reno.  |                                                                                   |                                   |
| Affiliations with professional and/or community groups  Member of the El Dorado Hills Rotary Club                                                             |                                                                                   |                                   |
| Why do you seek appointment?  I want to be able to represent El Dorado Disposal and ensure our operational strategies can meet the needs of El Dorado County. |                                                                                   |                                   |
| Additional Information (no value entered)                                                                                                                     |                                                                                   |                                   |
| If known, indicate the member of the Board of Supervisors who will receive a copy of this application (no value entered)                                      |                                                                                   |                                   |
| File Attachments (no attachments added)                                                                                                                       |                                                                                   |                                   |
| Signature of Applicant*                                                                                                                                       | Date 09/01/2023                                                                   |                                   |

<sup>\*</sup> You consent and agree that you are signing this document electronically. You further agree that your electronic signature is as valid as if you manually signed the document in writing. 09/01/2023 02:02:10, ID: 383, URL: https://www.edcgov.us/Government/BOS/CommissionsAndCommittees/Pages/Application-Form.aspx