## THE CITY OF

HARRISONBURG

## VIRGINIA



## Boards \& Commissions Reappointment Application

I am interested in continuing to serve on the following board/commission.

STORMWATER ADVISORY COMM.

As an applicant/member of a Council-appointed Board or Commission, your name, address, and phone number will be available to the press and public. Information will be kept on file for three years. Public discussion of information contained herein may occur in the meeting at which appointments are considered by the City Council.

Mr. Mrs. Ms. Miss. Dr. (Please type or print clearly)
Name: $\frac{\text { MICHAEL }}{\text { (Last) }} \frac{\text { DANIEL }}{\text { (First) }}$ Date: 03/30/21

Home Address: 1469 MT. CRAWFORD AVE, BRIDGEWATER, VA_ Zip Code: 22812
Phone Number: 540-908-6333 Alternate Phone: 540-434-6365 X 202

Occupation: $\qquad$ Employer/Organization: $\qquad$
E-mail: dmichael@valleyesp.com $\qquad$ Harrisonburg resident for $\qquad$ 0 years.

How many years have you served: 7.5 How many terms have you served: 2?

Additional comments:

