



8695 Broadway, Merrillville, IN 46410  
Phone (219) 853-2420 • Fax (219) 853-2424



## **Application for Citizens Advisory Committee Representing Lake County Solid Waste Management District**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_

**Solid Waste Industry Representative (Y/N), if yes, which one?**

\_\_\_\_\_

**Environmental Community or Organization Representative (Y/N), if yes, which one?**

\_\_\_\_\_

**1) Please state why you would like to be considered for the Citizens Advisory Committee:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) State your relevant experience relating to waste reduction:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_