



Cascades West Area Commission on Transportation

1400 Queen Ave. SE , Suite 205A, Albany, OR 97322
(541)924-8430 • FAX (541)967-4651

DATE: December 1, 2014

TO: Mayors
County Commission, Chairs
Port District, Chairs
Confederated Tribes of Siletz Indians, Chair

FROM: Doug Hunt, CWACT Chair

RE: Nomination of members to the Cascades West Area Commission on Transportation

I have attached a sheet that has the names of all representatives and their alternates on the Cascades West Area Commission on Transportation (CWACT) and the date that their terms expire. The term of 28 members will expire on December 31, 2014. Please review the list to see when the term of the representatives from your jurisdiction expires. If their term expires, I request that you re-nominate the current representatives or nominate new representatives. We would like to have a full membership as soon as possible so please submit your nominations by mid January.

Also, in reference to the terms which will expire on December 31, 2015, if your jurisdiction's CWACT representative and/or alternate has left office, if you wish to make a change or if you wish to designate an alternate (for agencies that currently do not have an alternate), please forward your nomination. The nomination form is attached.

The primary representative for each jurisdiction must be an elected official. Alternates do not have to be elected officials. It is important to nominate people that will make a commitment to attend the meetings.

The CWACT is also a standing committee of the Oregon Cascades West Council of Governments and the OCWCOG Board will formally appoint your nominees as members of the CWACT.

If you have any questions about the CWACT, please contact Mark Volmert at 541-924-8430.

Attachment

cc: City/County Managers and Administrators
CWACT representatives

2015 Nomination Form
Cascades West Area Commission on Transportation

The following individuals have been nominated to represent
(City/County/Port/Tribe)_____ on the Cascades West Area
Commission on Transportation. The nominations were made during a legally convened public
meeting of the (City Council/Commission/Tribal Council)
_____ on (date)_____.

The nomination for the **primary** representative (must be elected official) to the CWACT is
(name and title) _____.

The nomination for **alternate** representative to the CWACT is (name and title)
_____.

Signed: _____

Date: _____

Title: _____

Please include the following information:

Primary Representative

Name: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

Alternate Representative

Name: _____

Address: _____

Phone: _____ FAX: _____

E-mail: _____

Please return this form by mid
January 2015 to:

Mark Volmert
Cascades West COG
1400 Queen Ave. SE, Suite 205A
Albany, OR 97322
Fax 541-967-4651
mvolmert@ocwcog.org