

## ii Solid Waste Management District Personnel and Contacts

**Instructions** (remove these instructions for the solid waste management plan)

**[NOTE:** You will complete all of the tables for this section in this Word document. None of the required tables are in the Workbook.]

- For a SWMD, complete Tables ii-1 through ii-5.
- For an Authority, complete Tables ii-1 through ii-3

### **Table ii-1 Solid Waste Management District Information**

Provide all requested information

SWMD/Member Counties - Complete the "Member Counties" row if the SWMD's name does not include the county names (e.g. SWACO would enter Solid Waste Association of Central Ohio as the SWMD name and Franklin as the member county, North Central Ohio Solid Waste District would enter the names of the six member counties, etc.).

### **Table ii-2 Members of the Policy Committee/Board of Trustees:**

List all of the members of the policy committee/board of trustees

- The table is set up for a SWMD with six counties. Replace the placeholders for [Name of County] with the names of the counties in the SWMD.
- If the SWMD has less than six counties, then either remove unneeded rows or leave unneeded rows blank.

### **Table II-2i Additional Public Representative**

If the SWMD has an even number of counties, then provide the name of the additional public representative that serves on the policy committee and the county the representative is from.

### **Table ii-3 Chairperson of the Policy Committee/Board of Trustees**

Provide all requested information.

### **Table ii-4 Board of Directors**

For a SWMD, list all of the county commissioners from the member counties. Indicate the county each commissioner represents. Add rows as needed.

### **Table ii-5 Chairperson of the Board of County Commissioners/Board of Directors**

Provide all requested information.

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**Technical Advisory Committee** – If the policy committee convened a technical advisory committee(s) while preparing the solid waste management plan, then, under the heading “Technical Advisory Committee” provide the following information for each committee:

- Name of the committee
- Names and affiliations of all members
- A description of the purpose and responsibilities
- A summary of any recommendations

If the policy committee did not work with a technical advisory committee, then enter “None” under the heading for Technical Advisory Committee

**Table ii-1 Solid Waste Management District Information**

<b>SWMD Name</b>	
Member Counties	
Coordinator’s Name (main contact)	
Job Title	
Street Address	
City, State, Zip Code	
Phone	
Fax	
E-mail address	
Webpage	

**Table ii-2 Members of the Policy Committee/Board of Trustees**

<b>Member Name</b>	<b>Representing</b>
<b>[Name of County 1]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>
	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>
<b>[Name of County 2]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>

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	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>
<b>[Name of County 3]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>
	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>
<b>[Name of County 4]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>
	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>
<b>[Name of County 5]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>
	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>
<b>[Name of County 6]</b>	
	<b>County Commissioners</b>
	<b>Municipal Corporations</b>
	<b>Townships</b>
	<b>Health District</b>
	<b>Generators</b>
	<b>Citizens</b>
	<b>Public</b>

**Table II-2i    Additional Public Representative**

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Name	County

**Table ii-3 Chairperson of the Policy Committee or Board of Trustees**

Name	
Street Address	
City, State, Zip Code	
Phone	
Fax	
E-mail address	

**Table ii-4 Board of County Commissioners/Board of Directors**

Commissioner Name	County

**Table ii-5 Chairperson of the Board of County Commissioners/Board of Directors**

Name	
County	
Street Address	
City, State, Zip Code	
Phone	
Fax	
E-mail address	

**Table i-6 Technical Advisory Committee**