



# Board of County Commissioners Agenda Request

**21**  
Agenda Item #

**Requested Meeting Date:** 12/23/2014

**Title of Item:** Forestry Advisory Committee applicants

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Mark Jacobs		<b>Department:</b> Land
<b>Presenter (Name and Title):</b> Same		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b> We have 4 openings on Forestry Advisory Committee for 2015. The openings were advertised and we received 4 applicants, each seeking a second term...  District 4 = John LaHoud - McGregor District 5 = William Neary - Swatara At Large = Kevin Insley - Aitkin Professional = Galen Tviet - Palisade		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> I recommend re-appointing these applicants.		
<b>Financial Impact:</b> Is there a cost associated with this request? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total cost, with tax and shipping? \$ Is this budgeted? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Explain:</i>		

**NEWS RELEASE**

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**AITKIN COUNTY HAS FOUR OPENINGS ON THE FOLLOWING COMMITTEE:**

Aitkin County will be accepting applications through December 2, 2014, or until filled for citizen representation on the following committee:

**Forest Advisory Committee** – 4-year term

**1. District 4:**

Cities – McGregor, Tamarack  
Townships – Clark, Fleming, Haugen, Jevne,  
McGregor, Morrison, Shamrock, Workman

**2. District 5:**

Cities – Hill City, Palisade  
Townships – Ball Bluff, Balsam, Cornish, Hill Lake,  
Libby, Logan, MacVille, Turner, Verdon,  
Waukenabo  
Unorg Townships – 52-27, 52-25, 52-24, 52-22, 51-27, 51-25, 51-22, 50-27, 50-26, 50-25, 49-27,  
48-27

**3. At Large:**

Open to Citizens of Aitkin County

**4. Professional:**

Preferred Background in Natural Resources (e.g. forestry, forest industry, forest ecology)

**Basic Responsibilities are:**

- A) Attends and actively participates in regular County Forest Advisory Committee meetings. Meetings are held at least quarterly (no set dates).
- B) Promotes a healthy, productive, and sustainable forest.
- C) Reviews and makes recommendations to the County Board involving timber harvest on Aitkin County lands (and State and private land to the extent feasible); and the classification of Aitkin County administered lands.

**Optional Responsibilities are:**

- A) Participates in Advisory Committee subcommittees and task forces.
- B) Serve as a Committee officer.
- C) Attends County Board and other meetings.

Committee members receive a per diem and mileage reimbursement for each meeting. To obtain an application please access <http://www.co.aitkin.mn.us/employment/jobs.html> or call 218-927-7276.

The Aitkin County Board of Commissioners will make the committee selections from submitted applications at a County Board meeting. All applicants will receive notification by mail whether or not they have been selected. For more information please contact Mark Jacobs, Aitkin County Land Commissioner, at 218-927-7364.

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# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

DEC 11 2014

Forest Advisory Committee

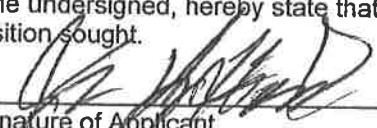
AITKIN COUNTY COMMISSIONER DISTRICT Skamrock Twp. - 4

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

Applying for 2nd term

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Signature of Applicant



Date

12-1-2014

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No

Please return application to the Aitkin County Administrator's office, located at  
217 2<sup>nd</sup> Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT:

John Lofstead

STREET ADDRESS OF APPLICANT:

PHONE NUMBERS:

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Forest Advisory

DEC 03 2014

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

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I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

William F. Neary  
Signature of Applicant

12-1-14  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this application submitted at the suggestion of appointing authority? Yes  No \_\_\_\_\_

Please return application to the Aitkin County Administrator's office, located at  
217 2<sup>nd</sup> Street NW – Room 130, Aitkin, MN 56431

NAME OF APPLICANT: William F. Neary

NOV 13 2014

# MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Forest Advisory CommiONTEE

AITKIN COUNTY COMMISSIONER DISTRICT \_\_\_\_\_

Minnesota Statues 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I have Ben on the Forest Advisory  
Com For 4 yrs I would Like To Be  
Back on the com

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

KE Jley  
Signature of Applicant

11-15-14  
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No ✓

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No ✓

Please return application to the Aitkin County Administrator's office, located at  
217 2<sup>nd</sup> Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: Kevin E. Ipsley

**MINNESOTA OPEN APPOINTMENT ACT  
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

NOV 17 2014

FOREST Advisory

AITKIN COUNTY COMMISSIONER DISTRICT 5

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I HAVE SERVED FOUR YEARS ON THIS  
COMMITTEE, LOGGING HAS BEEN A BIG PART OF  
MY LIFE

I WOULD SERVE ANOTHER TERM IF NOMINATED

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Galen N. Tveit

Signature of Applicant

11-13-14

Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this application submitted at the suggestion of appointing authority? Yes \_\_\_\_\_ No \_\_\_\_\_

Please return application to the Aitkin County Administrator's office, located at  
217 2<sup>nd</sup> Street NW - Room 130, Aitkin, MN 56431

NAME OF APPLICANT: Galen N. Tveit