SOLID WASTE COMMITTEE

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UMATILLA COUNTY
est. 1862

COMMUNITY & BUSINESS DEVELOPMENT

LAND USE PLANNING, ZONING AND PERMITTING

CODE ENFORCEMENT

SOLID WASTE COMMITTEE

SMOKE MANAGEMENT

GIS AND MAPPING

RURAL ADDRESSING

LIAISON, NATURAL RESOURCES & ENVIRONMENT

PUBLIC TRANSIT

APPLICATION FOR
SOLID WASTE ADVISORY COMMITTEE APPOINTMENT

Established under Umatilla County Ordinance Chapter 50.086, the Solid Waste Advisory Committee (SWAC) is a seven-member advisory body appointed by the Board of Commissioners. Representing the geographic diversity of the county, members serve three-year terms and meet quarterly—or more frequently as needed—during regular business hours to support local waste management efforts.

The Committee plays a vital role in overseeing the enforcement of county solid waste management plans and securing adequate disposal sites, collaborating regionally whenever feasible. In its advisory capacity to the Board of Commissioners, SWAC evaluates collection and disposal franchise approvals and renewals, recommends collection and disposal rates for unincorporated areas, and provides guidance on key state initiatives, including the Oregon Recycling Modernization Act and various Oregon DEQ programs.

Applicant Questionnaire

1. Why are you interested in serving on the Umatilla County SWAC?

2. I have the following skills, training and interests that would be relevant to the SWAC responsibilities:

3. Do you have any present or previous involvement with any advisory committees, civic organizations or charitable groups? If yes, please describe.

4. In what specific solid waste topics or issues are you interested? Why?

5. Additional Comments/Information:

Contact Information - Please provide the following details and submit this application to the Umatilla County Community Development Director by emailing robert.waldher@umatillacounty.gov. Thank you!

Name of Applicant _____

Street Address _____

City, State, Zip _____

Home/Cell Phone _____

Email _____

Occupation _____

Business Name _____

Business Address _____

City, State, Zip _____

Business Phone _____

X _____ _____

Signature of Applicant Date