





LOCAL RIVER MANAGMENT ADVISORY COMMITTEE NOMINEE FORM

Please complete both sides of this Form and email to riversprogram@des.nh.gov or mail to Rivers Coordinator, NH DES, 29 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095 Please type "NOMINEE FORM" and nominee's name in the subject line of the email. For questions contact the Rivers Coordinator at 271-2959.

NOMINEE NAME:		DATE:				
RIVER NAME:	_					
REPRESENTING: MU	NICIPALITY:	OTHER:				
Nominee Contact Informa	ation:					
Street Address: Town:						
				Zip Code:		
Email:						
Phone (home):	Phone (cell):	Phone (work):				
Is this a: New Appointment or a Reappointment Please state your interest(s) in serving on the Local Advisory Committee: Local Government						
				Business		
				☐ Conservation		
Recreation						
Agriculture						
☐ Riparian Landowners						
	(Form continued	d on page 2)				
Board of Selectmen or	· Authorized Signature(s) -	- REQUIRED (e-signature acceptable)				
Name:		Title:				
Name:		Title:				
Name:		Title:				
	Designated River from nomine	Local River Management Advisory Committee es submitted by the local governing bodies through				

Please include a short description of your relevant background knowledge of issues or general river management and protection:	f local river-related
Most Local Advisory Committees engage in a variety of activities. Reviewing below, please check those that are of most interest to you:	those activities listed
Management Plan Preparation/Implementation	
Event Organization	
Public Education Grant Writing	
Public Relations	
Committee Administration	
Other	
Most Local Advisory Committees meet monthly. In some cases they may me complete specific tasks, while in other cases your attendance may not require Please check one of the boxes below to indicate your availability to attend required meetings.	ed at all meetings.
☐ I can attend monthly meetings on most weeknights	
☐ I can attend monthly meetings only if scheduled on a specific weeknight	
☐ I can only attend a limited number of monthly meetings	
☐ I cannot attend monthly meetings, but am willing to complete tasks on behalf Committee	of the Local Advisory
For DES Office Use Only	
1. Nominee form has been reviewed by RMPP staff on (date)	
2. LAC Chair and Nominee have been contacted regarding nomination on (date)	
3. RMPP Staff recommends appointment to Commissioner:	
Approve	
RMPP staff	Date
4. Appointment letter and information packet sent on (date)	
5. Contacts database updated (date)	
6. LAC Member List updated (date)	