



TOWN COUNCIL – AGENDA REQUEST FORM

THIS FORM WILL BECOME PART OF THE BACKGROUND INFORMATION USED BY THE COUNCIL AND PUBLIC

Please submit Agenda Request Form, **including back up information, 8 days prior** to the requested meeting date. **Public Hearing requests must be submitted 20 days prior to requested meeting date to meet publication deadlines** (exceptions may be authorized by the Town Manager, Chairman/Vice Chair).

MEETING INFORMATION

Date Submitted: July 30, 2014
Submitted by: Nelson Disco
Department:
Speakers:

Date of Meeting: August 21, 2014

Time Required: 5 minutes

Background Info. Supplied: Yes: No:

CATEGORY OF BUSINESS (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Appointment:	<input type="checkbox"/>	Recognition/Resignation/Retirement:	<input type="checkbox"/>
Public Hearing:	<input type="checkbox"/>	Old Business:	<input type="checkbox"/>
New Business:	<input checked="" type="checkbox"/>	Consent Agenda:	<input type="checkbox"/>
Nonpublic:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

TITLE OF ITEM

Lower Merrimack River Local Advisory Committee (LMRLAC) Nomination

DESCRIPTION OF ITEM

The Town Council to consider reappointing Nelson Disco as a member on the Lower Merrimack River Local Advisory Committee.

REFERENCE (IF KNOWN)

RSA:	Warrant Article:	_____
Charter Article:	Town Meeting:	_____
Other:	N/A	_____

EQUIPMENT REQUIRED (PLEASE PLACE AN "X" IN THE APPROPRIATE BOX)

Projector:	<input type="checkbox"/>	Grant Requirements:	<input type="checkbox"/>
Easel:	<input type="checkbox"/>	Joint Meeting:	<input type="checkbox"/>
Special Seating:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Laptop:	<input type="checkbox"/>	None:	<input type="checkbox"/>

CONTACT INFORMATION

Name:	Nelson Disco	Address:	_____
Phone Number:	_____	Email Address:	_____

APPROVAL

Town Manager:	Yes <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	Chair/Vice Chair:	Yes <input type="checkbox"/>	No: <input type="checkbox"/>
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Hold for Meeting Date: _____



LOCAL RIVER MANAGEMENT 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: Nelson R DISCO DATE: 7/17/14
RIVER NAME: Lower Merrimack River Local Act
REPRESENTING: MUNICIPALITY: Merrimack OTHER: _____

Nominee Contact Information:

Street Address: 42 Wilson Hill Rd
Town: Merrimack
Zip Code: 03054
Email: ndisco3@yahoo.com
Phone (home): 603 424-3120 Phone (cell): 917 620 8298 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 on page 2)

Board of Selectmen or Authorized Signature(s) – REQUIRED (e-signature acceptable)

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Note: By statute, the Commissioner of DES appoints the Local River Management Advisory Committee (LAC) members for each Designated River from nominees submitted by the local governing bodies through which the Designated River flows (RSA 483:8-a).

Please include a short description of your relevant background knowledge of local river-related issues or general river management and protection:

6 years previous experience on LAR LAC

Most Local Advisory Committees engage in a variety of activities. Reviewing those activities listed below, please check those that are of most interest to you:

- 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 meet more frequently to complete specific tasks, while in other cases your attendance may not required at all meetings. Please check one of the boxes below to indicate your availability to attend regularly scheduled 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 of the Local Advisory Committee

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) _____