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DEPARTMENT OF RESOURCE MANAGEMENT



**SOLANO
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Environmental Health Division

**Application for Technical Expert for the
Solano County Solid Waste Independent Hearing Panel**

Name _____

Residence address, City, Zip _____

Employer _____

Employer address, City, Zip _____

HOME PHONE _____ CELL PHONE _____

WORKPHONE _____ EMAIL _____

Supervisorial District in which you reside (please check one) 1___ 2___ 3___ 4___ 5___ None___

Will you be able to attend day and/ or night meetings as needed _____?

Memberships in other organizations (list name and address)

Provide your pertinent work & educational history (check one or more)

___ RESUME ATTACHED ___ ADDITIONAL PAGE ATTACHED

Describe how your involvement might benefit the Panel (Attach an additional page if necessary)

References (list 3-5)

APPLICANT SIGNATURE _____ DATE _____

SAEED IRAVANI
Building Official
Building & Safety

ALLAN CALDER
Program Manager
Planning Services

JAG SAHOTA
Manager
Environmental
Health

SARAH PAPPAKOSTAS
Senior Staff Analyst
Administrative
Services

MATT TUGGLE
Engineering
Manager
Public Works
Engineering

CHARLES BOWERS
Operations
Manager
Public Works
Operations

CHRIS DRAKE
Parks Services
Manager
Parks

M KALTREIDER
Water & Natural
Resources Program
Manager