

RESOLUTION # _____

**“RESOLUTION APPOINTING A MEMBER TO THE LARAMIE COUNTY
COMMUNITY JUVENILE SERVICES JOINT POWERS BOARD”**

BE IT RESOLVED by the governing body of Laramie County, Wyoming, that Renee Hansen, shall be and is hereby appointed as a member of the Laramie County Community Juvenile Services Joint Powers Board; to serve as the designated representative of the substance abuse and mental health providers to the Board; to perform the duties of said Board according to law; for a three-year term expiring June 30, 2028.

PRESENTED, READ AND ADOPTED the ____ day of _____, 2025.

BOARD OF LARAMIE COUNTY COMMISSIONERS

Chairman

ATTEST:

Debra Lee, Laramie County Clerk

Reviewed and approved as to form:



Laramie County Attorney's Office

OATH OF APPOINTMENT

THE UNDERSIGNED does solemnly swear (or affirm) to honor and sustain the constitution of the United States, the constitution of the State of Wyoming, and to faithfully, honestly and impartially discharge all duties as a member of the Laramie County Community Juvenile Services Joint Powers Board.

LARAMIE COUNTY COMMUNITY JUVENILE
SERVICES JOINT POWERS BOARD

Signature

Date

Witness

Date

R-APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: _____

NAME: Sean Hansen

MAILING ADDRESS: 300 East 17th St., Cheyenne WY 82001

HOME ADDRESS: Same PHONE: 307-214-0340

OCCUPATION: Mental Health Counselor SELF EMPLOYED? ☐ (✓ if not for public use: _____)

EMPLOYER/NAME OF BUSINESS: Hansen & Associates

ADDRESS/ZIP: 300 East 17th St., Cheyenne PHONE: 307-631-9931

YEAR EMPLOYED: 1987 YEARS OF RESIDENCY: _____ (✓ if not for public use: _____)

FAX: 207-635-7106 E-MAIL: Hansen@outlook.com CELL PHONE: 307-214-0340

EDUCATION/DEGREES: M.A. Counseling & Human Resource Development

SPOUSE: None

Please explain your interest in serving on this Board/Committee (new appointments only):

Other City or Community memberships: past Safehouse

Signature: Sean Hansen Date: 4-15-25

FOR OFFICE USE ONLY

New Appointment: _____ Or Reappointment: _____ Term Length: _____ Year(s) Full Term: _____ Or Unexpired Term: _____ Exp. Date: _____

Comments: _____

Please return to:
Mayor's Office
2101 O'Neil Avenue,
Cheyenne, WY 82001
(307) 637-6300 / FAX (307) 637-6378