

RESOLUTION # _____

**“RESOLUTION APPOINTING LARAMIE COUNTY ADULT COMMUNITY
CORRECTIONS BOARD MEMBER”**

BE IT RESOLVED by the governing body of Laramie County, Wyoming,
_____ shall be, and is hereby appointed a member of the Board of Directors of
the Laramie County Adult Community Corrections Board to perform the duties of said Board
according to law for a four-year term effective January 1, 2023 and expiring December 31, 2026.

PRESENTED, READ AND ADOPTED the ____ day of _____, 2023.

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 Board of Directors of the Laramie
County Adult Community Corrections Board

LARAMIE COUNTY ADULT COMMUNITY
CORRECTIONS BOARD MEMBER

Signature

Date

Witness

Date

APPOINTMENT APPLICATION

Board/committee/commission: Adult Community Corrections Board

Name: Sylvia Lee Hackl Preferred Name: Sylvia

Mailing Address: 310 W 19th St Home Address: _____
Suite 200, Cheyenne

Phone: 307/633-4360 Spouse: _____

Occupation: District Attorney Self-Employed? _____

Employer/Name of business: _____

Address / Zip: _____ Phone: _____

Year Employed: _____ Years of Laramie County Residency: _____

Fax: _____ Email: sylvia.hackl@wyo.gov Cell: _____

Education/Degrees: JD, MPA

Other community memberships: _____

Please explain your interest in serving on this Board/Committee/Commission (attach additional pages if needed):

Signature: Sylvia Lee Hackl Date: 1/23/23

Please return to: Laramie County Commissioner's Office
 310 W 19th St, Room 300
 Cheyenne, WY 82001
 Fax: 307-633-4267
 Email: commissioners@laramiecounty.com
 Phone: 307-633-4260

=====For Office use Only=====

New Appointment: _____ or Reappointment: _____ Term Length: _____ Year(s)

Full Term: _____ or Unexpired Term: _____ Expiration Date: _____

Comments: _____