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 Joel Hickerson, Cheyenne Police Department Officer, 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 Cheyenne Police Department to the Board; to perform the duties of said Board according to law; and to complete a term starting July 1, 2023 and ending June 30, 2026.

representative of the Cheyenne Police Dep according to law; and to complete a term			
PRESENTED, READ AND AD	OPTED the d	ay of	,2023.
ВО	ARD OF LARAMI	E COUNTY CO	OMMISSIONERS
Cha	irman		
ATTEST:			
Debra Lee, Laramie County Clerk Reviewed and approved as to form: Laramie County Attorney's Office			
ОАТН	OF APPOINTME	NT	
THE UNDERSIGNED does so constitution of the United States, the cohonestly and impartially discharge all discharge sources Joint Powers Board.	onstitution of the S	tate of Wyomir	ng, and to faithfully,
	LARAMIE COUR SERVICES JOIN		
	Signature		Date
	Witness		Date

APPOINTMENT APPLICATION

BOARD/COMMITTEE/COMMISSION: Lacarne County Community Towards January Towards Towards Towards Towards
NAME: Joel Hickerson
MAILING ADDRESS: 415 W 18th St. Chyanne, WY 82001
OCCUPATION: Palue Leadonnt SELF EMPLOYED? No
ADDRESS/ZIP: 415 W 18th Sh Cheyeng Wy 8201PHONE: 307 1057-10536 YEAR EMPLOYED: 2007 YEARS OF RESIDENCY: 18
E-MAIL: jhickerson CELL PHONE: 307-214-7681 Cheyana pt. org EDUCATION/DEGREES: Bachalor of France Anthopology - University master Certhablic Safely. Univ. of VA SPOUSE: Caroline Hickory
Please explain your interest in serving on this Board/Committee (new appointments only): Linkend to replace (up) Dovid Jones as a representative of the Cheyenne iblice Deport ment: I lack forward to leaving about the operations of and antichology to the goals of This Board. Other City or community memberships: LEAD Liaison, Mental Health Co-Besponse Liaison, LCCF Liaison, BHAT Liaison
Signature: fail diches Date: 05-10-2023.
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