

	Approved	Denied
Date Action Taken:	6/8/09	
Other:		
10		
	nites	7.4.

WASILLA CITY COUNCIL ACTION MEMORANDUM

AM No. 09-28

TITLE: CONFIRMATION OF KRIS HOVILA TO THE AIRPORT ADVISORY

COMMISSION.

Agenda of: May 27, 2009 **Date**: May 28, 2009

Originator: Office of the City Clerk for Mayor Verne E. Rupright

Route to:	Department	Signature/Date		
	Chief of Police			
	Recreational and Cultural Services Manager	0,		
X	Public Works Director	5/29/09		
X	Finance Director	8-29-09		
×	Deputy Administrator	manon kled		
Х	City Clerk	demailer		
REVIEWED BY MAYOR VERNE E. RUPRIGHT:				
FISCAL IM	IPACT :	Funds Available 🗌 yes 🔲 no		

Α	C	C	วน	nt	n	am	e/r	num	ber:

Attachments: Applications of Commissioner to be Confirmed by Council (2 pp)

SUMMARY STATEMENT:

Mayor Rupright requests to appoint the following Commissioner to the Airport Advisory Commission. Please confirm the appointments pursuant to WMC 2.44.030 as follows:

AIRPORT ADVISORY COMMISSION

➤ Kris Hovila, Seat B, (partial term to expire December 31, 2010)

RECOMMENDED ACTION: To confirm the appointment by Mayor Rupright, as stated above.



OFFICE OF THE CITY CLERK CITY OF WASILLA 290 E. HERNING AVE. WASILLA, AK 99654-7091 PHONE: (907) 373-9090 FAX: (907) 373-9092 www.cityofwasilla.com

clerk@ci.wasilla.ak.us

RECEIVED

MAY 1 1 2009

OFFICE OF THE CITY CLERK CITY OF WASILLA

APPLICATION FOR APPOINTMENT TO COMMISSIONS

POSITION APPLYING FOR (select from one or more of the following)	lowing):
Airport Advisory Commission (no residency requ	uirement)
Planning Commission (City of Wasilla residents	only)
Parks and Recreation Commission (City of Wasi	lla residents only)
Historical Preservation Committee (no residency	requirement)
Krie Hovile	
NAME: Kris Hovila	
MAILING ADDRESS: 2911 W. Stonebridge Drive, Wasilla,	AK 99654
RESIDENCE ADDRESS: 2911 W. Stonebridge Drive, Wasilla,	AK 99654
HOME PHONE: 864-0369	WORK PHONE: 266-2415
CELL PHONE: 632-8763 E-MA	IL: hovi@mtaonline.net
OCCUPATION: Airport Police and Fire Officer	
EMPLOYER: State of Alaska	
• Do you reside within Wasilla City limits? Yes 🗌 or No	If so, for how long?
• Do you currently own or operate a business in the City location of the business? N/A	of Wasilla? If so, what is the name and physical
Does your schedule permit you to regularly attend requi	red meetings: Yes 🗸 or 🗌 No
Are you currently affiliated with the City of Wasilla in	n any way? (examples include: contractor, lease

 Do you currently have a direct or indirect financial or please note: N/A 	business interest with the City of Wasilla? If so,

Return completed application to the City Clerk.

- Please provide a **one-page resume** to include education and experience that would enhance your committee membership.
- If applicable, please provide a brief statement describing your experience with Wasilla Municipal Code, land use regulations, and due process that would qualify you for this position. (Please use a separate sheet if necessary.)

I currently do not have any s	pecific experience with the Wasilla Municpal Code, land regulations or due process.
As an active pilot who utilizes th	e Wasilla Municipal Airport on a daily basis, I have had the opportunity to meet and speak with
many of its users and have wit	nessed its evolution as a tremendous resource for the city of Wasilla and the Mat-su Valley.
In my current and previous position	ons with State of Alaska, I have been required to uphold and regulate State Statutes and regulations
pertaining to land usage while	ensuring individual their due process.
and requires my regular at information and the merits published in a newspaper or I have read Section and substantial financial in	tis is a voluntary, appointed position to be confirmed by the Wasilla City Council, stendance at official meetings. I further understand that this application is public of my appointment be discussed at a public meeting. In addition, my name may be other media outlet. It is 2.12.005 and 2.12.010 of the Wasilla Municipal Code defining financial interest terest and establishing the City's policy on Conflict of Interest. I agree to comply of Interest policy and understand that my tenure as Commissioner requires such
I certify that the inf	formation in this application is true and accurate.
Signature of Applic	Date: 5 - 1/- 09
Date Received: (date stamp below)	FOR OFFICE USE ONLY Registered voter of the City: yes no
	Date of Council Approval: AM No.:
	Date Applicant Notified:
	Resume Attached: yes no
	APOC Financial Disclosure Statement (check one): Attached: On File: N/A:

Return completed application to the City Clerk.