

**SUMMARY REPORT TO MANAGER**  
for Special City Council Meeting of 05/23/05

**SUBJECT: APPOINTMENTS TO DIAL-A-RIDE ADVISORY COMMISSION AND BOARD OF REVIEW**

**RESOLUTION SUMMARY:** These resolutions make appointments to the Dial-A-Ride Advisory Commission and to the Board of Review.

- ITEMS ATTACHED:**
- 1. Letter of Transmittal
  - 2. Applications
  - 3. Resolutions

**COUNCIL ACTION:** 1. 3/5 vote required to approve.

**Selina Tisdale**  
**Community Relations Coordinator**

**5/20/05**



City Hall • 333 West Ellsworth Street • Midland, Michigan 48640-5132 • 989.837.3300 • 989.835.2717 Fax • [www.midland-mi.org](http://www.midland-mi.org)

May 20, 2005

Honorable Mayor Black and  
Midland City Council

Attached please find materials for your consideration when making appointments to the Dial-A-Ride Advisory Commission and the Board of Review at your special meeting scheduled for 6:30 p.m. on Monday, May 23, 2005.

Please let me know if you have questions or require further information.

Sincerely,

Selina Crosby Tisdale  
City Clerk / Community Relations  
989-837-3304



# DIAL-A-RIDE ADVISORY COMMISSION APPLICATION

The Dial-A-Ride Advisory Commission assists the City Council in addressing the full range of public transportation issues including fare policies and structures, services and programs to meet the needs of all handicappers and persons 65 years of age or older, and other relevant ordinances, rules and administrative requirements. Members of the Dial-A-Ride Advisory Commission consist of four voting members, each member a resident of the city. One member each is from the handicapped community & senior community (65 years of age or older). The commission meets on an as-needed basis, generally four times a year. Appointed members shall serve a term of three years.

**APPLICATION INSTRUCTIONS:** This Microsoft Word application may be filled out online using the form fields below, or printed out to your desktop printer and filled out by hand or with a typewriter. If using the online form, simply place your cursor in the first gray square (form field) in the DATE: area below to begin typing, then press the Tab key to go to the next form field. Once filled out completely, save the form to your computer under the file name of your choice, print out the form to your desktop printer, sign it, and return it to the City Manager's Office, 333 W. Ellsworth Street, Midland, MI 48640-5132, or by fax (989-837-5727) to the attention of Kim Reisner.

DATE: 4-28-05

NAME: HAROLD W. ROCKWELL

ADDRESS: (City, State, Zip) 4918 CAMPAN, MIDLAND 48640

HOME PHONE: 631-6459 WORK PHONE: RETIRED

CITY WARD: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: RETIRED DEAN OF AUTOMOTIVE STUDIES

EMPLOYER: NORTHWOOD UNIV.

Are you currently a resident of the City of Midland? YES

In what year did you become a City resident? 1976

What position are you applying for? DIAL A-RIDE ADVISORY COMM

Are you over the age of 65? (Mark "X" for Yes or No)  Yes  No

Do you qualify for handicap status by the Secretary of State? (Mark "X" for Yes or No)  Yes  No

Why are you interested in serving on the Dial-A-Ride Advisory Commission?  
ONE OF THE VERY FEW SERVICE OPPORTUNITIES I FEEL QUALIFIED FOR

Why do you feel you are qualified to serve on the Dial-A-Ride Advisory Commission?

MY LONG CAREER IN TEACHING AND CONSULTING OF MANAGEMENT FUNCTIONS + DUTIES

List any other information you feel would be pertinent in assisting the City Council in their selection (you're welcome to attach a resume or list any relevant personal or professional accomplishments).

WHILE A KENT COUNTY RESIDENT I ENJOYED MY PARTICIPATION IN SEVERAL ACTIVITIES IN BOTH GRAND RAPIDS & EAST GRAND RAPIDS

Appointed members are expected to attend all meetings of the commission. A position shall be considered vacant if a member misses more than 25% of the regular meetings scheduled in any fiscal year.

Signature:

*[Handwritten Signature]*

The above information I have provided is accurate. I have read and understand the requirements to serve as a member on the Dial-A-Ride Advisory Commission.

**NOTE: Unless otherwise indicated, all information included on or attached to your application will become a matter of public record and will be viewable on the City of Midland website as an informational item attached to City Council agendas. If you would like one or more pieces of information – such as a home phone number – removed from the application and/or any accompanying attachments you provide for City Council's consideration, please indicate that below, and those items will be removed before the information is posted to the City's website.**

**PLEASE REMOVE:**

Please return this form to the City Manager's Office, 333 W. Ellsworth Street, Midland, MI 48640-5132, or by fax 989-837-5727 to the attention of Kim Reisner.

RECEIVED  
FEB 28 2005



**BOARD OF REVIEW  
APPLICATION**

City of Midland  
City Manager's Office

*The Board of Review meets three times a year—once in July, once in December, and a third time for four days during March for the purpose of hearing appeals on assessments by property owners. The Board of Review is comprised of three persons who are taxpayers to the city and have been residents of the city for not less than three years. Appointed members shall serve a term of three years.*

Please fill out entire application and provide a signature below.

DATE: Feb 23, 2005

NAME: Douglas L. Hail, Jr

ADDRESS: 3112 Abigail Lane

PHONE: Home: 989-839-0831 Work: \_\_\_\_\_

WARD: 3

E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION: retired

EMPLOYER: \_\_\_\_\_

Are you currently a resident of the City of Midland? yes

In what year did you become a City resident? 1968

*The Board of Review meets the second week in March for four days to hear property tax appeals. During that week, the Board will meet for several hours during the day and once in the evening. After all the appeals have been heard, they may take several additional days to make all the decisions. They also meet on the third Tuesday in July for a half-day session and on the second Tuesday in December for a half-day session. These half-day sessions are to correct clerical errors and hear Poverty Exemptions.*

Are you available to meet during the above times?  Yes  No

- continued -

**BOARD OF REVIEW**

**PAGE 2**

What are your interests in the Board of Review?

I am interested in contributing as a volunteer or community service now that I am retired

Why do you feel that you are qualified to serve on the Board of Review?

I am a long time resident & property owner in Midland  
Experience in corporate finance with Dow Chemical Co  
Held MBA degree

List any other information you feel would be pertinent in assisting the City Council in their selection (you're welcome to attach a resume or list any relevant personal or professional accomplishments).

**Appointed members are expected to attend all meetings of the board. A position shall be considered vacant if a member shall miss four (4) consecutive, regular held meetings, or if a member misses more than 25% of the regular meetings scheduled in any fiscal year.**

Signature: Douglas Hail Jr

The above information I have provided is accurate. I have read and understand the requirements to serve as a member on the Board of Review.

Please return this form to the City Manager's Office,  
333 W. Ellsworth Street, Midland, MI 48640, or by fax 837-5727  
to the attention of Kim Reisner.



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BY COUNCILMAN

RESOLVED, that Harold W. Rockwell is hereby appointed as a senior representative member of the Dial-A-Ride Advisory Commission to fill a term expiring June 30, 2007.

YEAS:

NAYS:

ABSENT:

I, Selina Tisdale, City Clerk, City of Midland, Counties of Bay and Midland, State of Michigan, do hereby certify that the foregoing is a true and correct copy of a resolution adopted by a yeavote of all the Councilmen present at a special meeting of the City Council held Monday, May 23, 2005.

\_\_\_\_\_  
Selina Tisdale , City Clerk



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BY COUNCILMAN

RESOLVED, that Douglas L. Hail, Jr. is hereby appointed as a citizen-at-large member of the Board of Review to fill a term expiring June 30, 2008.

YEAS:

NAYS:

ABSENT:

I, Selina Tisdale, City Clerk, City of Midland, Counties of Bay and Midland, State of Michigan, do hereby certify that the foregoing is a true and correct copy of a resolution adopted by a yea vote of all the Councilmen present at a special meeting of the City Council held Monday, May 23, 2005.

\_\_\_\_\_  
Selina Tisdale , City Clerk