

AUX SABLE CREEK WATERSHED PLAN STAKEHOLDER INFORMATION SHEET

Name: _____
Address: _____

County: _____
Phone: _____
Fax: _____
Mobile: _____
Email: _____

Technical Expertise

- | | |
|---|---|
| <input type="checkbox"/> Community Planner, AICP | <input type="checkbox"/> Natural Resource Scientist |
| <input type="checkbox"/> Engineer, PE | <input type="checkbox"/> Community Volunteer |
| <input type="checkbox"/> Municipal / County Administrator | <input type="checkbox"/> Agribusiness |
| <input type="checkbox"/> Elected Official | <input type="checkbox"/> Other |
| Position: _____ | Position: _____ |

Stakeholder Group Representation

Organization Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Role in organization: _____

Leadership Contact in Organization (Mayor, Manager, Exec. Dir., etc.)

List 3 issues involving the Aux Sable Watershed of Importance to your Stakeholder Organization.

- 1) _____

- 2) _____

- 3) _____
