

Application Form

Profile

Robert (Bob)

First Name

G

Middle
Initial

Graham

Last Name

rgmegraham@comcast.net

Email Address

72A Long Pond Rd S

Home Address

Suite or Apt

Ledyard

City

CT

State

06339

Postal Code

Mobile: (860) 912-4044

Primary Phone

Mobile: (860) 608-5620

Alternate Phone

Which Boards would you like to apply for?

Inland Wetland And Water Courses Commission: Submitted

Education & Experiences

Please tell us about yourself and why you want to serve.

Why are you interested in serving on a board or commission?

As a retired physician, I am interested in maintaining and improving the health of our waters. I am fully aware that unrestrained development is detrimental. I would like to have a voice in shepherding the use of our land and protecting our most precious natural resource, water.. I understand there are vacancies on this committee, and I would be happy to serve.

Community Involvement

I have been a member of the Lantern Hill Valley Alliance (formerly the Lantern Hill Valley Association) for nearly fifty years and served on its board for over twenty years, holding officer positions. I am also a member of the Alliance for the Mystic River Watershed and co-chair of the Water Quality Committee.

Educational Background

AB in Physics, UC Berkley; MD, UCSF; Board-certified Emergency Medicine

Retired

Employer

Chief Emergency Services,
Westerly Hospital, Westerly,
RI for over twenty years

Job Title

Upload a Resume

Party Affiliation**Party Affiliation ***

Unaffiliated

Disclaimer & FOIA Information

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Committee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Committee and the vacancy shall be filled, except that the Committee may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

Please Agree with the Following Statement

If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.

I Agree

Signature (type full name below)

Robert G. Graham