CITY OF WEST DES MOINES
CITY COUNCIL MEETING COMMUNICATION

ITEM: Approval of Appointment
Water Works Board of Trustees

DATE: December 18, 2023

FINANCIAL IMPACT: None

BACKGROUND:

Mary Thomsen has served on the Water Works Board of Trustees since January 2018, and the Mayor and City Council thank her for her service to the community. Mayor Trimble would like to appoint Ted Ohmart to serve the six-year term, beginning on January 1, 2024 with an expiration of December 31, 2029.

Ted Ohmart	1026 31st Street	225-3008 (w)	249-3575 (c)

OUTSTANDING ISSUES (if any): None

RECOMMENDATION:

Approval of appointment of Ted Ohmart to the Water Works Board of Trustees.

Lead Staff Member: Ryan T. Jacobson, City Clerk RTJ

STAFF REVIEWS

Department Director	Ryan T. Jacobson, City Clerk
Appropriations/Finance	
Legal	
Agenda Acceptance	RTJ

PUBLICATION(S) (if applicable)

Published In	
Dates(s) Published	

SUBCOMMITTEE REVIEW (if applicable)

Committee			
Date Reviewed			
Recommendation	Yes	No	Split

CITY OF WEST DES MOINES, IOWA

APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

The City of West Des Moines appreciates your interest in serving the community and welcomes your application. Please complete all sections of this application. If you have any questions, please contact the City Clerk's Office at (515) 222-3600 or TDD (Hearing Impaired) (515) 222-3334. The City of West Des Moines is committed to providing equal opportunity for citizen involvement.

Please indicate those Boards and/or Commissions on which you would be willing to serve by checking below:

- [ ] Bicycle Advisory Commission
- [ ] Board of Adjustment
- [ ] Civil Service Commission
- [ ] Human Rights Commission
- [ ] Human Services Advisory Board
- [ ] Library Board of Trustees
- [ ] Parks & Recreation Advisory Board
- [ ] Plan & Zoning Commission
- [ ] Public Arts Advisory Commission
- [ ] Sister Cities Commission
- [x] Water Works Board of Trustees

Name: GAMART (Last) TED (First) _____ (Middle)

Address: 1026 31ST (Street) W.D.M. (City) IOWA (State) 50266 (Zip)

Occupation: SELF EMPLOYED

Employer's Name & Address

HAWK METAL PRODUCTS 625 S19th W DM

Work Phone: 515-225-3008 When can you be reached at this number?: 8:00AM - 5:00PM

Home Phone: NA When can you be reached at this number?: _____

Cell Phone: 515-249-3575 When can you be reached at this number?: ANY TIME

E-mail address: tvohmart@yahoo.com

Length of residence in West Des Moines: 72 YEARS

Please list any previous Board membership positions (City, Church, School, Professional, etc.) and dates of service:

CHAIR WDM PARK BOARD, WDM CITY COUNCIL, PRESIDENT WDM DEVELOPEMENT CORP, CHAIR MPO, VICE CHAIR DES MOINES METR WRA.

Please indicate below the reasons why you would like to be appointed to a Board or Commission and any specific skills or experience that you believe support your application.

I SUPPORT REGIONAL ORGANIZATIONS

Please list two references other than a family member:

Name: RUSS TRIMBLE Relationship: FRIEND Phone: 515-554-8746

Name: STEVE GAER Relationship: FRIEND Phone: 515-707-6637

Do you sell to, or are you in any manner a part to, any contract to furnish supplies, material, or labor to the City of West Des Moines? _____ If so, please list: _____

Have you ever been employed by the City? _____ If so, please list dates of employment and positions held.

Do you have relatives working for the City? NO If so, please give name and relationship.

Are you being sponsored by a community organization(s)? NO If so, please list the following and attach a confirmation letter from said organization:

Organization: _____ Contact: _____

Phone Number: _____ Email: _____

The City of West Des Moines respects and values the diverse identities of our residents. The demographic information requested is voluntary and used only to ensure the boards and commissions are reflective of the community we serve.

- Race: American Indian, Alaska Native or First Nations ☐ Asian ☐ Black or African American ☐ Hispanic or Latino/a/x Native ☐ Hawaiian or Pacific Islander ☐ Middle Eastern or North African ☒ White ☐ Two or more races ☐ Prefer not to answer ☐
- Gender: Woman ☐ Man ☒ Non-binary ☐ Prefer not to disclose ☐
- Do you identify as a person with a disability? Yes ☐ No ☒ Prefer not to answer ☐
- Do you identify as a Veteran: Yes ☐ No ☒ Prefer not to answer ☐

Applicant Signature: Ted Chmast Date: 12-1-23

Please submit completed application to the office of the City Clerk as an electronic copy to ryan.jacobson@wdm.iowa.gov or as a paper copy to the following address:

City of West Des Moines
ATTN: City Clerk
4200 Mills Civic Parkway, Suite 2B
West Des Moines, IA 50265