

1. 9:00 A.M. Agenda

Documents:

[2025-01-30 City Council Special Re-Appt CWTC Agenda.pdf](#)

2. Meeting Material

Documents:

[2025-01-30 CWACT Nomination - Vote.pdf](#)



**CITY OF YACHATS
Special City Council Meeting
Thursday, January 30, at 9:00 am**

Via Zoom Only

Join Zoom Meeting

<https://us02web.zoom.us/j/82879981897>

I. Re-Appoint Representatives to Cascadia West Transportation Committee.

*****No other business will be conducted at this meeting.**

The Yachats City Council meetings are open to the public and interested citizens are invited to attend via Zoom. These are open meetings under Oregon law, but a work session is not a community forum; audience participation is at the discretion of the Council. Meetings are audio-recorded. The meeting are accessible to persons with disabilities. For accommodations, please call (541) 547-3565, or Oregon Relay 1-800-735-2900 TDD) two days in advance. City of Yachats does not discriminate on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Sign language or foreign language interpreter may be available, with advance notice. Call City Hall at 541-547-3565 or Oregon Relay 1-800-735-2900 (TDD) two days in advance.

POSTED January 27, 2025 By: Kimmie Jackson Recorder

RETURN TO:

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541-967-4651 fax
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Cascades West Area Commission on Transportation Nomination Form

The following individuals have been nominated to represent (City/County/Port/Tribe) City of Yachats on the Cascades West Area Commission on Transportation (CWACT). The nominations were made during a legally convened public meeting of the (City Council/Commission/Tribal Council) City Council of Yachats on (date) January 30, 2025.

Signed: _____ Date _____ Time _____

CWACT Full Commission Primary Representative

Name & Title: Barry Collins

Mailing Address: PO Box 345

City Yachats State OR Zip 97498

Phone: 612-597-5246 FAX: 541-547-3063

E-mail: barry@yachatsmail.org

CWACT Full Commission Alternate Representative

Name & Title: Catherine Whitten-Carey

Mailing Address: PO Box 345

City Yachats State OR Zip 97498

Phone: 847-212-2197 FAX: 541-547-3063

E-mail: catherine@yachatsmail.org

CWACT Technical Advisory Committee (TAC) Representative

Name & Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Phone: _____ FAX: _____

E-mail: _____