

Adopted: 2/27/13

Effective: 3/11/13 SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

ORDINANCE NO. 13-002

RELATING TO THE CHEMICAL DEPENDENCY/MENTAL HEALTH PROGRAM  
ADVISORY BOARD, CLARIFYING THE TERMS OF MEMBERS APPOINTED TO FILL  
VACANCIES, AND AMENDING SCC 4.25.100

WHEREAS, by Amended Ordinance No. 08-154, passed December 3, 2008, the  
County Council imposed a sales and use tax for chemical dependency/mental health  
program purposes, created the chemical dependency/mental health program advisory  
board to serve in an advisory capacity regarding implementation and use of that tax,  
and enacted chapter 4.25 SCC; and

WHEREAS, by Ordinance No. 10-066, passed September 15, 2010, SCC  
4.25.090 was amended for purposes of administrative efficiency to change the terms of  
the advisory board members from four to three years; and

WHEREAS, SCC 4.25.100 was not amended in 2010 and provides for  
appointments to the advisory board for four year terms;

NOW, THEREFORE, BE IT ORDAINED:


Section 1. Snohomish County Code Section 4.25.100, adopted by Amended  
Ordinance No. 08-154 on December 3, 2008, is amended to read:

**4.25.100 Vacancies on advisory board.**

A vacancy on the chemical dependency/mental health program  
advisory board resulting from the expiration of a term of office shall be  
filled by appointment for a term of ~~((four))~~ three years. A vacancy  
occurring for any reason other than the expiration of a term of office shall  
be by appointment for the unexpired term of the office being filled.

PASSED this 27<sup>th</sup> day of February, 2013.

SNOHOMISH COUNTY COUNCIL  
Snohomish County, Washington

  
Chairperson, *vice*

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43

ATTEST:

Shirley McCallister  
Clerk of the Council, *asst.*

- APPROVED
- EMERGENCY
- VETOED

DATE: 3/1/13

*[Signature]*  
County Executive

ATTEST:

*[Signature]*

Approved as to form only:

*[Signature]* for Joni Ostergaard  
Deputy Prosecuting Attorney

D-10