



BICYCLE AND PEDESTRIAN ADVISORY COMMITTEE (BPAC)

City of Billings & Yellowstone County APPLICATION FORM

This position is appointed by the Yellowstone County Planning Board

NAME: Rachel Cox HOME PHONE: N/A
 ADDRESS: 2951 North Slope Tr WORK PHONE: 406-698-1648
 CITY: Billings STATE: MT ZIP: 59102
 BUSINESS OR JOB: Real Estate Sales
 EMAIL ADDRESS: rcox@oaklandcompanies.com

Please describe your experience or background that you believe qualifies you for service on this Committee (see attached information regarding BPAC) (attach additional sheets if needed):

Served on the Billings Parks, Recreation and Cemetery Board for a couple of terms.
Serving on the Partners of Parks Foundation
Serving on the Friends of Billings Dog Parks Committee
Started and Organized the Quality of Life Run sponsored by the Billings Association of Realtors back in
est. 2004 and the run/casino night has raised more than \$800,000 for non profits in Billings

Why do you wish to serve on this Committee?

I think the strength and health and wealth of a community is expressed by the number of parks-trails-bike
paths-pedestrian paths-running paths they offer -- People want to raise families and live in a community
that provides green spaces and places for families to recreate and enjoy the outdoors.

Will your schedule allow you to attend BPAC meetings? Meetings are generally the 4th Tuesday of the month at 11:30 am. Yes No (if no, please explain)

I am semi retired and my husband is retired (kind of) but we enjoy taking off and traveling every once in awhile

Please list any additional information that you feel is pertinent (attach additional sheets if needed):

Been a runner for 40-50 years and really believe in our trail and park systems in Billings!!!!!!

Rachel Cox
Signature Date 1-19-2022

APPLICATION DEADLINE: January 21, 2022

Return application to: City/County Planning Board
2825 3rd Ave. N, 4th Floor
Billings, MT 59101

OR

Email application to monate@billingsmt.gov

OFFICE USE ONLY:

APPOINTED: YES ___ NO ___ DATE _____

TERM EXPIRATION DATE: _____

Circle one: ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____