P2106253
June 17, 2021

TO THE HONORABLE BOARD OF COMMISSIONERS OF BERRIEN COUNTY: Your County Personnel and Human Services Committee respectfully recommends the adoption of the following:

RESOLUTION

WHEREAS, the 1963 Michigan Constitution stipulated four-year terms for the County Board of Supervisors, the preceding body to today's Board of Commissioners; and

WHEREAS, the Legislature voted in 1966 to abolish Board of Supervisors and formally replace them with Boards of Commissioners after the 1968 elections; and

WHEREAS, Public Act 261 of 1966 promulgated that the length of terms for the new County Commissioners shall be concurrent with that of State Representatives, as specified in Article IV, section 3 of the Michigan Constitution; and

WHEREAS, the scope of duties of a County Commissioner has greatly increased in the last century – road patrols, indigent defense, mental health treatment and substance abuse prevention programming, solid waste pick-up and disposal, food and water supply safety, park operations, economic development efforts, emergency management and response; and

WHEREAS, Michigan is one of only five states in the United States that provides for exclusively two-year terms for County Commissioners; and

WHEREAS, all other county and township elected officials in Michigan are elected to terms of at least four years; and

WHEREAS, the position of County Commissioners is a highly complex oversight role that requires years to master; and

WHEREAS, legislation to amend state law to enact four-year terms has been filed in the form of Senate Bills 242 and 245; and

WHEREAS, the Michigan Association of Counties supports the legislation as introduced.

NOW, THEREFORE, BE IT HERBY RESOLVED, that the Berrien County Board of Commissioners supports Senate Bills 242 and 245 to enact four-year terms for County Commissioners.

RESPECTFULLY SUBMITTED,
BERRIEN COUNTY PERSONNEL AND HUMAN SERVICES COMMITTEE

Robert P. Harrison, Chairman

Michael J. Majerek Vice-Chairman

Rayonte D. Bell

RESOLUTION APPROVED AS TO FORM
Administrator _____ Date 6-11-21
Comments Attached _____
Corporate Counsel _____ Date _____
Comments Attached _____