



CITIZEN PARTICIPATION APPLICATION

I wish to apply for appointment to the _____. I understand that if appointed, I will serve in a volunteer capacity on this Board.

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Occupation: _____ Phone: _____

Address: _____ Fax: _____

Do you live in the Town of Interlachen? _____ How long? _____

Professional Qualifications:

What would you hope to accomplish by your participation on this Board?

When are you **NOT** available for meetings?

By my signature below, I certify that the information on this application is true and complete. I understand that false statements will be cause for denial of appointment. I also understand that, if appointed, the State of Florida may require me to file a financial disclosure form with the Putnam County Supervisor of Elections within thirty (30) days of my appointment, and each year thereafter, covering my term of appointment.

Signature

Date