

311 Atlantic Avenue  
Interlachen, Florida 32148



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[www.interlachen-fl.gov](http://www.interlachen-fl.gov)

## REQUEST TO BE APPOINTED TO THE INTERLACHEN TOWN COUNCIL

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Do you live within the Interlachen Town limits? (*Circle one*)    YES    NO

Professional Experience: \_\_\_\_\_

List any civic or volunteer organizations that you are affiliated with:

When are you **NOT** available for meetings: \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS:

- 1) Must be 18 or older
- 2) Must reside within the Interlachen Town limits
- 3) Must be a registered voter in Putnam County
- 4) Must present a resume along with this application

*By my signature below, I certify that the information on this application is true and complete. I understand that false statements are cause for denial of appointment. I understand that if appointed, within thirty (30) days I must electronically file with the State of Florida Ethic Commission a financial disclosure form (**Form 1**), and annually thereafter by July 1<sup>st</sup>, during my term. I also understand that within 60 days of resigning from the Council I must file **Form 1 F**.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date