

**TOWN OF HOWEY-IN-THE-HILLS
CHARTER REVIEW COMMITTEE APPLICATION**

Please Print Legibly

Name: Donna Klein Date: 1/20/20
 Home Mailing Address: 701 N. Lakeshore Blvd Howey in the Hills
 Home Physical Address: Same
 Florida Drivers License or ID: _____
 Phone Number: 239-707-5226 E-mail Address: _____
 Education: HS
 Business (Name & Type): Independent Adjuster
 Business Address: same as above
 Business Phone: same Position: Claim adjuster - Insurance
 Training or experience related to activities of boards or committees to which appointment is sought:
Bookkeeper/Owner Operator of Construction Company 30 yrs
 Professional Organizations: None

Have you served on a Town Board(s)/Committee(s) in the past? Yes No
 Name of Boards/Committee(s): _____
 Dates Served: _____

I will attend meetings in accordance with the adopted policies of the Town of Howey-in-the-Hills. If at any time my business or professional interests conflict with the interests of this Board or Committee, I will not participate in such deliberations. References may be secured from the following individuals:

	Name	Address	Phone Number
1	<u>Roxann Wotke</u>	<u>5246 Skylark Ct Cape Coral FL</u>	<u>851-398-7744</u>
2	<u>Liddy Eames</u>	<u>4809 Turban Ct Ft Myers, FL</u>	<u>239-464-0458</u>
3	<u>Bob Eames</u>	<u>Same</u>	<u>239-464-9163</u>

Donna Klein
 Signature of Applicant

In completing this application, you are acknowledging that personal information you provide is subject to Florida's Public Records Policy as stated in Chapter 119, Florida Statutes, and Article I, Section 24 of the State Constitution.

Applicants are considered for board openings for which they apply without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, or the presence of a medical condition or disability. The Town of Howey-in-the-Hills will not tolerate any form of discrimination, harassment or retaliation affecting its employees or applicants due to race, color, religion, gender, sexual orientation, national origin, age, marital status, medical condition, or disability.

FOR TOWN HALL USE

Received by _____ Date _____
 Appointed by Town Council _____ Date _____