

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

Please Print Legibly

Name: GRAHAM WELLS Date: _____
 Home Mailing Address: 718 CALABRIA WAY HOWEY IN THE HILLS, FL 34737
 Home Physical Address: AS ABOVE

Florida Drivers License or ID: _____

Phone Number: 407 491 7777 E-mail Address: _____

Education: GRADUATED IN SYRACUSE

Business (Name & Type): _____

Business Address: _____

Business Phone: _____ Position: _____

Training or experience related to activities of boards or committees to which appointment is sought:

FORMER TOWN CLERK + TREASURER (NOW VOLS) CURRENT CLERK + FINANCE OFFICER (TOWN OF ASTORIA)

Professional Organizations: FACC, I/MC

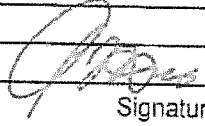
Have you served on a Town Board(s)/Committee(s) in the past? Yes No

Name of Boards/Committee(s): PLANNING & ZONING BOARD
BUDGET & FINANCE COMMITTEE
 Dates Served: _____

** Florida Commission on Ethics require board members to complete and submit Form 1, Statement of Financial Interests

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	_____	_____
2	_____	_____
3	_____	_____


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.

Additional information may be attached to this form.

FOR TOWN HALL USE

Received by _____ Date _____

Reviewed by Board _____

Appointed by Town Council _____ Date _____