TOWN OF HOWEY-IN-THE-HILLS APPLICATION FOR BOARDS/COMMITTEES

Please Print Legibly	ON BOARDS/COMMITTEES
Name: Kotill	50 m C =
Home Mailing Address:	Date: 1/
Home Physical Address:	NO LAKESHORE BUD
Florida Drivers License or ID:	OAME
Dh	2 . 3/16
Education / 12 m	3-2600 E-mail Address:
Business (Name & Type):	
Business Address:	RETILED
Business Phone:	
Training or experience related to ac	Position:
PRES GARDEN CLV	Position: tivities of boards or committees to which appointment is sought:
Professional Organizations:	04-07 CODE ENFORCE B
Have you served on a Town Board(s	N/C
Name of Boards/Committee(s):	Yes No
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Come Take Die	Cliven GOARD 09
749 1004	RU ACTIVE 10 TO PRI
Please check Board(s)/Committee	s) that internal
Centetery Board	
Historic Preservation Board	Police Pension Board
Library Board	Utility Advisory Board
Parks & Recreation Board	Visioning Committee
Planning & Zoning Board	Other CHARTER K
will attend meetings in accordance w	ith the material of the second
time my business or professional inter	ests conflict with the interests of this Board or Committee, I will not
participate in such deliberations. Refe	rences may be secured from the following individuals:
Name	The following individuals:
1 Jayce Herrington	Phone Number
2 ANN GRISSIN	705 ISAND DR HOWEY-10- He. H.IL 352.
3 CARLL LODIE	
	505 Missies Love, Heury-in-the-Hills 352 3
	Kuthleen Ormbio
In completing this application, you are acknowled	Signature of Applicant
Policy as stated in Chapter 119, Florida Statutes	
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, mantal 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 it employees or applicants due to race, color, religion, gender, sexual orientation, national origin, age, marital status, medical condition, or disability.