

Okeechobee County Citizen Board/Committee Application

Okeechobee County Board of County Commissioners 304 NW 2nd Street • Okeechobee, FL 34972 Phone: (863) 763-6441 Fax: (863) 763-9529

Name	Date
I wish to be appointed to the following Boa	rds or Committees (you may check more than one):
Affordable Housing Advisory Committe Real Estate Industry Local Planning Agency Member Banking/Mortgage Lending Indus Lay Person Provider of Essential Services Resident of Affected Jurisdiction Not for Profit Housing Provider For Profit Housing Provider Residential Home Builder Low Income Advocate Labor	e (also check all categories for which you qualify)
☐ Agri-Civic Center Advisory Committee	
☐ Children's Service Council	
Construction Industry Licensing Board Active Certified or Registered Co Active Specialty Contractor Lay Person	(also check the category for which you qualify) ontractor
☐ Library Advisory Committee	
☐ Okeechobee Utility Authority	
☐ Planning Board/Board of Adjustments a	and Appeals
Subject to Tourism Tax or	k the category for which you qualify; proof of elector required) Involved in Tourism Industry, Not Subject to Tourism Tax
☐ Other	
I am requesting reappointment to a Board/ Term Expiration	Committee on which I currently serve
☐ I am requesting to become a regular memb	er rather than an alternate

Residence address: Street	City	State
Current or most recent employer:		
Job title/description:		
Business address: Street	City	State
Education: High School	College (name of college and degrees awarded	l)
Describe your experiences and interests appointment:	or elements of your personal history that qualify	you for this
List any memberships, awards, recogn	itions, degrees or certifications relevant to this a	appointment:
·	Housing Committee, Construction Industry Licensi lescribe how you are qualified specifically for the	
you are requesting appointment? Yes	ion with a current member of any Board/Commit or No nember(s) and relationship:	
Have you ever been elected or appointed If yes, please describe:	d to any public office in the State of Florida? Yes	s or No
Are you related to any Okeechobee Could If yes, please name relative(s) and posit		

Do you know of any reason why you position to which you are requesting ap	n may not be able to attend fully to the duties involved in the oppointment? Yes or No
If yes, please explain:	
municipal law, regulation or ordinance	ed or indicted for violation of any federal, state, county or (exclude minor traffic violations)? Yes or No
Have you ever previously served on oth If yes, please list Board/Committee nar	
Board/Committee	Dates
Board/Committee	Dates
Board/Committee	Dates
by the Board of County Commission? date resigned or removed:	ed from a Board/Committee, by which you previously served on, Yes or No If yes, please list name of board/committee and
Are you currently an employee, elected municipality, taxing district or utility a having jurisdiction in Okeechobee Coulf yes, please provide details:	d or appointed official of Okeechobee County, Florida or any authority therein, or of the State of Florida or any of its agencies unty, Florida? Yes or No
List 3 references who know you well,	excluding relatives.
1.	-
Name	Occupation
Relationship/Association	Time Known

Name	Occupation
Relationship/Association	Time Known
Name	Occupation
Relationship/Association	Time Known
	in this application is correct. itizen of the United States of America. (circle one)
I hereby certify that the information I hereby certify that I am / am not a c	
hereby certify that I am / am not a c	itizen of the United States of America. (circle one)
hereby certify that I am / am not a c	itizen of the United States of America. (circle one)
hereby certify that I am / am not a c	itizen of the United States of America. (circle one)
hereby certify that I am / am not a c	itizen of the United States of America. (circle one)

Name:					
Contact Infe	o:				
Home Phone		Cell Phone			
Other Phone		r Phone	E-mail Address		
Mailing Address: Street		Street			
		City	State	Zip	
Contact info	ormatio	n for references listed on page	3:		
Name of Refe	rence				
Address			Phone Num	ber(s)	
Name of Refe	rence				
Address			Phone Number(s)		
Name of Refe	rence				
Address			Phone Number(s)		
Date of Birth:		Place of Birth:			
Race:	America	ın Indian or Alaska Native	☐ Hispanic or L	atino	
☐ Asian ☐ N		☐ Native Hawai	Native Hawaiian or Other Pacific Islander		
	Black or	African American	□ White	☐ Other	
Sex: □ 1	Male	☐ Female			
Please prov Okeechobee			r other picture identi	fication demonstrating residency in	
If you are re	questing	g appointment to the Tourist Dev	elopment Council, ple	ease provide proof of being an electe	

Please submit this completed and signed application to the County Administrator's office along with the information requested above. You may also submit any other materials, documentation or information that may

be relevant to the Board of County Commissioners' consideration of your application.

in Okeechobee County.