

CITY OF CLEARWATER - APPLICATION FOR CHARTER REVIEW COMMITTEE
(must be Clearwater resident)

Name: _____

Home Address: _____

Office Address: _____

_____ Zip _____

_____ Zip _____

Telephone: _____

Telephone: _____

Cell Phone: _____

E-mail Address: _____

How long a resident of Clearwater? _____

Occupation: _____

Employer: _____

Field of Education: _____

Other Work Experience: _____

If retired, former occupation: _____

Community Activities: _____

Other Interests: _____

Board Service (current and past): _____

Board Preference: _____

Additional Comments: _____

Signature: _____

Date: _____

See attached list for boards that require financial disclosure at time of appointment. Please return this application and board questionnaire to the Official Records & Legislative Services Department, P. O. Box 4748, Clearwater, FL 33758-4748, or drop off your application at City Hall, 2nd Floor, 112 S. Osceola Avenue.

Note: For boards requiring Clearwater residency, this application must be accompanied by a copy of one of the following:

- Current voter registration within city limits
- Valid current Florida Drivers' License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

BOARD QUESTIONNAIRE

1. What is your understanding of the board's duties and responsibilities?

2. Have you ever observed a board meeting either in person or on C-View, the City's TV station?

3. What background and/or qualifications do you have that you feel would qualify you to serve on this Board?

4. Why do you want to serve on this Board?

Name: _____

Board Name: _____