



APPLICATION TO SERVE ON  
CHARLOTTE COUNTY  
CHARTER REVIEW COMMISSION

INCOMPLETE APPLICATIONS WILL BE RETURNED

NAME: \_\_\_\_\_  
Mr./Ms./Mrs. Last First Middle Initial

Residence Address: \_\_\_\_\_  
Street City Zip Code

Mailing Address: \_\_\_\_\_  
Street City Zip Code

Phone No: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Business Facsimile

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

If currently retired, previous occupation: \_\_\_\_\_

Civic/Professional Accomplishments/Offices Held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, please indicate any employment, contractual relationship or status that you may have, or have had within the past 12 months, with any private business entity that rents, leases or sells any realty, or provides any goods or services to the County or that is conducting any business with the County.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION TO SERVE ON  
CHARLOTTE COUNTY CHARTER REVIEW COMMISSION – CONTINUED**

Have you previously served on a charter review commission?  Yes  No

If yes, please indicate when: \_\_\_\_\_

If yes, have you served three (3) or more full terms as a voting member?  Yes  No

Have you ever worked for the Charlotte County Board of County Commissioners?  Yes  No

If yes, please list position, department, start and end date: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Do you have any relatives currently working for the Charlotte County Board of County Commissioners?  Yes  No

Are you a current full time Charlotte County resident?  Yes  No

If yes, how long have you resided here? \_\_\_\_\_ #Years \_\_\_\_\_ #Months

Are you a registered voter in Charlotte County?  Yes  No

- 1.) All of the Boards and Committees appointed by the Board of County Commissioners are required to comply with the Sunshine Law FS 286.011
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory committees in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.

By signing this application, you acknowledge that you have read and understand the previous statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

A résumé of additional personal and professional qualifications and experience that pertains to the above may be submitted with this application however, it cannot replace the application form.

**Please return this completed form to:**

Charlotte County Attorney's Office  
Attention: Janette S. Knowlton  
18500 Murdock Circle  
Port Charlotte, FL 33948

This application will become public records upon submission to Charlotte County Government. The law provides for exemptions of identifying information related to past and present law enforcement officers and their families, victims of certain crimes, etc. *[Additional information as to the applicability of any exemption(s) relative to your situation is available by contacting the Office of the Attorney General.]* If you believe an exemption from the public records law applies to your submission, please indicate by checking the box below:

I assert that identifying information provided in this application should be excluded from inspection under Public Records Law, Chapter 119.071 of the Florida Statutes.