

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

TAME IN THE			
Mr/Mrs/Ms			
Name:	Last	First	Middle Initial
Wi	tzke	Charles	+
Residence A	Address:		
Street 12	2 Colonial S	SW City Port Cl	arlote Zip Code 33952
		10.7	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,
Mailing Add	dress: Same		
Street		City	Zip Code
			p o o
Phone No.	?ell		
941-661-	-4676 Home	941-235-1224	Business
FAX:			_
E-Mail Add	ress: CSWitz	ce e Yahoo, con	Π
County Comm	nssioners on the follo	deration to serve in an advisory Board: Raw Worterway N Name of Advisory Bo	ory capacity to the Board of Charlotte ASBU Dard
If applying for	· a specific category/p	osition, please so state:	
Occupation: _			
If currently rea	tired, previous occup	ation: <u>Sales</u>	
	onal Accomplishment		
CERTCOM	imunity Emerger	ncy Response Team Dir	ector VRC Volunteer Reception
center/	Emergency Ma	nagment "Bob Price	Award "2015/MSBU Burna
Vista Are	2 Waterway 2	Oyears/BuenaVista	Property Owners Association
Director	/ President Con	do Association/Chur Page 1 of 3	rch Committes
Please be adv	ised that all information cor	rage 1 of 3 ntained in this application becomes Pu	blic Record once submitted to Charlotte County.

Form revised on June 02, 2022

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

eligible are as follows:				
served on waterway MSBU board 20 years				
If applicable, please indicate any employment, contractual relationship or status that you <u>may have</u> , or <u>have had</u> within the past <u>12 months</u> , 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.				
Have you ever worked for the Charlotte County Board of County Commissioners? Yes No > If "Yes", please list position, department, start and end date:				
Do you have any relatives currently working for the Charlotte County Board of County Commissioners? Yes No Yes No If "Yes", please list name(s) and department(s):				
Are you a full-time Charlotte County Resident? Yes No				
Have you ever been convicted of a Felony or Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). Yes No				
Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you).				

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- 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 and some of the Boards and Committees appointed by the Board of County Commissioners are required to comply with Chapter 112, Florida Statutes, the Financial Disclosure Law. You may be required to file a Form 1 Financial Disclosure. You will be provided with more information upon appointment.
- 2.) Charlotte County, an equal opportunity/affirmative action employer, considers the selection and appointment of persons to advisory boards in a non-discriminatory manner consistent with the requirements of Federal, State and Local non-discrimination laws.
- 3.) The Board of County Commissioners request that you attend the Commission meeting at which your application will be considered for appointment. This office will notify you of the Commission meeting date.
- 4.) Members who fail to attend two (2) meetings in a rolling twelve-month period shall automatically forfeit their appointment.

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

Charles A Witster 6-24-2025
Signature Date

A résumé or list of qualifications and experience is requested but cannot replace this application form.

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Public Works Municipal Service District Representatives 7000 Florida Street Punta Gorda, FL 33950

OR EMAIL TO:

MSBU-TU@CharlotteCountyFl.gov