

APPLICATION FOR REAPPOINTMENT TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

On	
I now wish to Apply for Reappointment To Serve on the Advisory Board.	Barrier Islands Fire Son
Please indicate the number and general nature of any voting conflict disclosure memorandum (Form 8B) filed while serving on the board.	
What have you accomplished while serving on this Board? Kept Community up to do and previous fire volunteer	Le and provided local
What would you like to accomplish during this new term?	
I have reviewed the information I provided in remains the same. Signature	7 /25) 2025 Date
Print Name Address: 50 Gas parilla Way City/State/Zip: Dan Dodro Islama	mail: Po 881 Placida +1 33946

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners 18500 Murdock Circle Port Charlotte, FL 33948

OR EMAIL TO:

assistant@charlottecountyfl.gov