

FLORIDA

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

Mr/Mrs/Ms:		1	
Name:	Last W/LOX	First CHUSTOPHER	Middle Initial
Residence Add	dress:2168		
Street ALKA	NSAS AVE.	City ENGLEWOOD	Zip Code 34124
Mailing Addro	ess: 2/68		
Street ALKA	ISAS AVE	City ENGLE WOOD	Zip Code 34224
Phone No. 81	19 434 46	40	
ID A W.C	Home		Business
FAX: E-Mail Addre	ss: (HRISTOPHE	R. S. WILCOX 96 4 6	GHAIL COH
hereby submit		tion to serve in an advisory cap	
GROVE CA	y SALEET &	Name of Advisory Board	
	,	Name of Advisory Board	
If applying for a	specific category/positi	on, please so state:	
	ETIRED MILL		
If currently retir	red, previous occupation	n: UNITED STATES	COAST GUALD
Civic/Profession:	al Accomplishments/Of	fices Held:	

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

cligible are as follows: HOMEOWARD IN GROVE CITY (FULL TIME REBIDINGE)
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.
REAL ESTATE LICENSE @ GULF REALTY RENTALLS (NOT CURLINITY UTILITY LICENSE) REFELLAL ONLY
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 > 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).

APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED

- 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.

Signature

Date

10 JAN 2025

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