



APPLICATION TO SERVE ON A  
CHARLOTTE COUNTY ADVISORY BOARD

INCOMPLETE APPLICATIONS WILL BE RETURNED

|                           |             |                 |                       |
|---------------------------|-------------|-----------------|-----------------------|
| <b>Mr/Mrs/Ms:</b>         |             |                 |                       |
| <b>Name:</b>              | <b>Last</b> | <b>First</b>    | <b>Middle Initial</b> |
|                           | LISS        | ROBERT          | L.                    |
| <b>Residence Address:</b> |             |                 |                       |
|                           |             |                 |                       |
| <b>Street</b>             | <b>City</b> |                 | <b>Zip Code</b>       |
| 285 CAPSTAN DRIVE         | PLACIDA     |                 | 33946                 |
| <b>Mailing Address:</b>   |             |                 |                       |
| S/A / A                   |             |                 |                       |
|                           |             |                 |                       |
| <b>Street</b>             | <b>City</b> | <b>Zip Code</b> |                       |
|                           |             |                 |                       |
| <b>Phone No.</b>          |             |                 |                       |
| 941-697-1334              |             |                 |                       |
| <b>Home</b>               |             | <b>Business</b> |                       |
| <b>FAX:</b>               |             |                 |                       |
| <b>E-Mail Address:</b>    |             |                 |                       |
| RLISS67@ATT.NET           |             |                 |                       |

I hereby submit my name for consideration to serve in an advisory capacity to the Board of Charlotte County Commissioners on the following Advisory Board:

Placida Street + Drainage MSBU

Name of Advisory Board

If applying for a specific category/position, please so state: \_\_\_\_\_

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

If currently retired, previous occupation: MACHINIST

Civic/Professional Accomplishments/Offices Held:

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**APPLICATION TO SERVE ON A  
CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

In order to qualify a volunteer must both be a property owner within and reside within the Unit, and my qualifications to be eligible are as follows:

CURRENT RESIDENCE IN CAPE HAZE SUBDIVISION

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.

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).

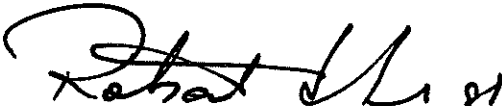
☐ Yes

☒ No

**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

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](mailto:MSBU-TU@CharlotteCountyFl.gov)