



## APPLICATION TO SERVE ON A CHARLOTTE COUNTY ADVISORY BOARD

☐ New Applicant ☒ Re-Appointment

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

|  |             |                       |                       |
|--|-------------|-----------------------|-----------------------|
| <b>Mr/Mrs/Ms:MR.</b>                             |             |                       |                       |
| <b>Name:</b>                                     | <b>Last</b> | <b>First</b>          | <b>Middle Initial</b> |
| Peres Todd A.                                    |             |                       |                       |
| <b>Residence Address:</b>                        |             |                       |                       |
|  |             |                       |                       |
| <b>Street</b>                                    | <b>City</b> | <b>Zip Code</b>       |                       |
| 3061 Freedom Acres West Cape Coral, FL.33993     |             |                       |                       |
| <b>Mailing Address:</b>                          |             |                       |                       |
|  |             |                       |                       |
| <b>Street</b>                                    | <b>City</b> | <b>Zip Code</b>       |                       |
| 25515 Old Landfill Rd. Port Charlotte, FL. 33980 |             |                       |                       |
| <b>Phone No. (941)-587-6792</b>                  |             | <b>(941)-235-5317</b> |                       |
| <b>Home</b>                                      |             | <b>Business</b>       |                       |
| <b>FAX:</b>                                      |             |                       |                       |
| <b>E-Mail Address:</b> tperes@wm.com             |             |                       |                       |

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:

**Affordable Housing Advisory Committee**

Name of Advisory Board

If applying for a specific category/position, please so state: **Essential Services**

Occupation: **Manager - Waste Management**

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

Civic/Professional Accomplishments/Offices Held:

**Keep Charlotte Beautiful - Treasurer**

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CHARLOTTE COUNTY ADVISORY BOARD – CONTINUED**

My qualifications to be eligible are as follows:

I manage a local business within Charlotte County. I am able to see local trends in the workforce and demographics. Through routing

I am able to see new home starts and housing trends with construction to have some perspective on housing availability and needs.

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.

Waste Management is under contract with Charlotte County for the Solid waste and Recycling services.

Is this application for a new appointment? ☐ Yes ☒ No

If yes, please indicate what you would like to accomplish if you are appointed to this Board:

Is this application for a re-appointment? ☒ Yes ☐ No

➤ If yes, please indicate what your accomplishments have been while serving on this Board:

Assisted in completing an RFP for county owned property to be issued to non-profit organizations for purposes of creating affordable housing.

➤ If "Yes", please indicate what you would like to accomplish during this term:

I would like to continue to learn about the needs of the county and be able to be a part of the solution. I would like to accomplish bringing more funds to low income housing projects and assisting to bring new ideas to poliies to support this.

If you have previously served on a Charlotte County Advisory Board or are currently serving and seeking reappointment, please indicate the number and general nature of any voting conflict disclosure memorandum filed (Form 8B) while serving on the board:

Zero

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

➤ If "Yes", please explain: \_\_\_\_\_

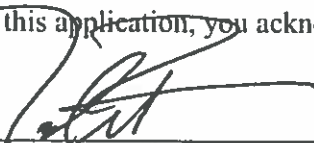
Have you ever pled NO LO CONTENDRE or pled guilty to a crime which is a Felony or a Misdemeanor? (Please be sure you understand the question, as failure to answer truthfully will disqualify you). ☐ Yes ☒ No

➤ If "Yes", please explain: \_\_\_\_\_

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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 regularly attend meetings may automatically forfeit their appointment.

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

  
\_\_\_\_\_  
Signature

9/28/2020

\_\_\_\_\_  
Date

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

PLEASE RETURN THIS COMPLETED FORM TO:

Charlotte County Board of County Commissioners  
Attn: Executive Assistants  
18500 Murdock Circle  
Port Charlotte, FL 33948

OR EMAIL TO:

[Assistant@CharlotteCountyFL.gov](mailto:Assistant@CharlotteCountyFL.gov)