



**TOWN OF SEWALL'S POINT, FLORIDA**  
**APPLICATION TO SERVE ON TOWN BOARD**

1. **NAME:** \_\_\_\_\_ **HOME TELEPHONE:**  
\_\_\_\_\_
2. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
3. **BUSINESS NAME & ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_
4. **BUSINESS TELEPHONE:** \_\_\_\_\_
5. **BRIEF RESUME OF EDUCATION AND EXPERIENCE:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **ARE YOU A REGISTERED VOTER IN SEWALL'S POINT?**      **YES** \_\_\_\_\_ **NO** \_\_\_\_\_
7. **CHECK THE BOARD(S) FOR WHICH YOU ARE APPLYING:** **BOARD OF ZONING ADJUSTMENT** \_\_\_\_\_  
**CODE ENFORCEMENT** \_\_\_\_\_
8. **WHAT ARE YOUR QUALIFICATIONS TO SERVE ON THIS BOARD?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. **WHY DO YOU WANT TO SERVE ON THIS BOARD?**  
\_\_\_\_\_  
\_\_\_\_\_
10. **DO YOU NOW HAVE, OR IN THE PAST THREE YEARS HAD, ANY BUSINESS DEALINGS WITH THE TOWN?**  
**IF SO, PLEASE EXPLAIN:**  
\_\_\_\_\_  
\_\_\_\_\_
11. **DO YOU NOW HAVE, OR IN THE PAST THREE YEARS HAD, ANY PERSONAL MATTERS BEFORE ANY OF THESE BOARDS? IF SO, PLEASE EXPLAIN:**  
\_\_\_\_\_  
\_\_\_\_\_
12. **WOULD YOU CONSIDER SERVING ON A DIFFERENT BOARD THAN YOU SELECTED?**      **YES** \_\_\_\_\_  
**NO** \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES:** IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT TOWN MANAGER ROBERT KELLOGG AT 287-2455 x.12. THIS APPLICATION IS EFFECTIVE FOR ONE YEAR FROM THE ABOVE DATE. IF YOU ARE APPOINTED TO ONE OF THE BOARDS, THE STATE OF FLORIDA REQUIRES THAT YOU COMPLETE ITS FINANCIAL DISCLOSURE FORM. PLEASE ATTACH ADDITIONAL PAGES IF NEEDED TO COMPLETE ANY ITEM.