



# Town of Lake Hamilton

## APPLICATION FOR APPOINTMENT / REAPPOINTMENT TO BOARDS / COMMITTEES

Please choose from the following:

- Charter Review Committee
- Planning & Zoning Commission
- Code Enforcement Board
- Board of Zoning Adjustment & Appeals

Authority: Lake Hamilton Codes of Ordinances, Chapter 16, Land Development Code, Article II, Administration, and Enforcement.

*Please Note: Per Florida Statutes 112.3145, Appointment on this board requires a Financial Disclosure Form must be filed annually with the Supervisor of Elections on or before July 1st of each year.*

Please provide the following information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

Please provide any background information (business, personal, educational, civic) that might be useful in considering your application. (A resume may be attached in lieu of this information.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a resident in the Town of Lake Hamilton?  Yes  No

Are you a registered voter in the Town of Lake Hamilton?  Yes  No

What other board/committee have you served on? \_\_\_\_\_

How long did you serve on this board/committee?  
\_\_\_\_\_

Are you now or have you in the last three years worked/registered as a lobbyist?  Yes  No

Do you, or your employer, have any business dealings with the Town of Lake Hamilton which might present a conflict of interest?  
 Yes  No

When completed and filed with the Town Clerk's Office, this document is a public record under Chapter 119, Florida Statutes, and therefore, opens to public inspection by any person.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form to: Town Clerks Office  
P.O. Box 126  
Lake Hamilton, Fl. 33851**

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Fax: (863) 439 -1421  
Email: sara@townoflakehamilton.com**