Levy County Alternate Planning Commission Member Application

Please return to:
Levy County Planning Dept.
PO BOX 1373
Bronson, FL 32621-1373

Telephone: 352-486-5405
Fax: 352-486-5549

NAME: **FIRST**	**MIDDLE**	**LAST**
ADDRESS:	CITY:	ZIP CODE:
E-MAIL ADDRESS	TELEPHONE: HOME:	OFFICE
OCCUPATION:	PLACE OF EMPLOYMENT:	
EDUCATION:	CIVIC AND PROFESSIONAL ORGANIZATIONS/ ACCOMPLISHMENTS:	
CONTINUOUS RESIDENT OF LEVY COUNTY SINCE _____		

STATE YOUR EXPERIENCE AND INTERESTS OR ELEMENTS OF YOUR PERSONAL HISTORY THAT QUALIFY YOU FOR APPOINTMENT

Are you currently serving in another position appointed by the Board of County Commissioners? YES ☐ NO ☐
If yes, list name of Board _____ .

REFERENCES (AT LEAST ONE), ADDITIONAL MAY BE ATTACHED

NAME:	
ADDRESS:	TELEPHONE:
NAME:	
ADDRESS:	TELEPHONE:

If you have any additional information, such as a resume, please attach.

This form must be signed to be valid. All statements and information provided in this application are true to the best of my knowledge.

NAME	SIGNATURE	DATE