



CHARTER REVIEW ADVISORY COMMITTEE APPLICATION
(Please fill out form completely)

Name: _____

Physical address: _____

Mailing address: _____

Best Contact Phone #: _____

E-Mail: _____

Occupation: _____

Are you registered to vote in the City of Bunnell? Yes _____ No _____

of years as a City resident: _____ I: Own _____ or Rent _____

of years as Bunnell Business owner: _____ My Business is in the City Yes _____ No _____

I Own: _____ Rent: _____ the property where my business is located.

Please describe your professional and/or volunteer experience or background which best qualifies you for selection to this advisory committee: _____

of City Commission or Volunteer Board meetings attended in the last 2 years? _____

Have you ever served on a Bunnell board/committee in the past? _____

If yes, please list the board/committee and years served: _____

I hereby acknowledge I understand the responsibilities associated with being on this Committee and I have adequate time to serve as a Committee member, including possible afternoon, early evening or night meetings. I will become familiar with and abide by the Florida Sunshine Law. I will remain in communication with City staff while serving on this Committee. I understand all my comments as a Committee member are a matter of public record. If appointed for membership, I understand I may have to file a limited financial disclosure form (Form 1) in 2019 and that filing late may result in a fine.

Signature: _____ Date: _____

Please return this application to the City Clerk, PO Box 756, Bunnell, FL 32110,
Fax 386-437-7503, email kbates@bunnellcity.us, or in person at 201 W. Moody Blvd.