

**HERNANDO/CITRUS
METROPOLITAN PLANNING ORGANIZATION
BOARD / COMMITTEE APPLICATION**

(Please type or print clearly.)

Name _____
(Your name must be listed as it appears on your driver's license)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION.

Are you a resident of Hernando County? _____ **Citrus County?** _____ **For how long?** _____

Do you reside within the city limits of Brooksville? _____ **Crystal River?** _____ **Inverness?** _____

Physical Address _____ **City** _____ **Zip** _____

Mailing Address (if different) _____ **City** _____ **Zip** _____

Telephone (home) _____ (business/other) _____ **Email** _____

Education _____
(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Present Employment _____

These committees may require travel outside of your county of residence. Are you willing to travel to Hernando or Citrus Counties as necessary to remain active and keep current on committee issues and participate in meetings? _____

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/2nd degree misdemeanor?

(Answering yes does not automatically disqualify you for consideration)

If yes, what charges? _____

Are you currently involved as a defendant in a criminal case? _____

If yes, what charges? _____

Have you ever been named as a defendant in a civil action suit? _____

If yes, when and describe action _____

Please state your reasons for applying to this Board/Committee: _____

Please list three references, including addresses, phone numbers and email address.

1. _____

2. _____

3. _____

I hereby request consideration as a board/committee appointee. It is my intention to familiarize myself with the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgment, fairness, impartiality, and faithful attendance. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by the provisions of the State Sunshine Law.

APPLICANT'S SIGNATURE _____ **DATE** _____

POSITION APPLYING FOR: _____ (ALL POSITIONS ARE STRICTLY VOLUNTARY)

_____ **BICYCLE/PEDESTRIAN ADVISORY COMMITTEE (BPAC)** – 2 year term, 11 members

_____ **CITIZENS ADVISORY COMMITTEE (CAC)** – 2 year term, 11 members

_____ **HERNANDO COUNTY TRANSPORTATION DISADVANTAGED LOCAL COORDINATING BOARD (TDLCB)** – 3 year term, 17 members (some positions require agency participation.)

Completed applications may be submitted to the Hernando/Citrus MPO, 20 North Main Street, Room 262, Brooksville, Florida 34601, email mpo@hernandocounty.us, or fax to 352-754-4420.