

METROPOLITAN TRANSPORTATION PLANNING ORGANIZATION
FOR THE GAINESVILLE URBANIZED AREA

**BICYCLE/PEDESTRIAN ADVISORY BOARD
APPLICATION**

Please return to:

Metropolitan Transportation Planning Organization
for the Gainesville Urbanized Area
c/o North Central Florida Regional Planning Council
2009 NW 67th Place
Gainesville, FL 32653-1603

Date: _____

NAME _____

ADDRESS _____

CITY/STATE/ZIPCODE _____

EMAIL _____

TELEPHONE (HOME) _____

(WORK) _____

(CELL) _____

HOW LONG A RESIDENT OF ALACHUA COUNTY? _____ YEARS

ARE YOU CURRENTLY AN ELECTED OFFICIAL? YES _____ NO _____

OCCUPATION _____

EDUCATION _____

TRAINING OR EXPERIENCE RELATED TO ACTIVITIES FOR THIS APPOINTMENT

PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS

I will attend meetings in accordance with the adopted Bylaws of the Bicycle/Pedestrian Advisory Board. If at any time my business or professional interests conflict with the interests of this board or committee, I will not advocate for any projects or activities from which I may receive financial benefit. Should any business of this board or committee constitute a conflict of interest, I will declare a conflict of interest and submit a Conflict of Interest Form (Form 8B). Additional information on me may be secured from: (List three references - name, address, and telephone number)

Signature _____

Additional information may be attached to this form