

GAINESVILLE URBANIZED AREA
METROPOLITAN TRANSPORTATION PLANNING ORGANIZATION (MTPO)

CITIZENS ADVISORY COMMITTEE

RESUME

Please return to:

MTPO
North Central Florida Regional Planning Council
2009 NW 67 Place, Suite A
Gainesville, FL 32653-1603
FAX: 352/955-2209

Date: _____

NAME _____ ADDRESS _____

ZIP CODE _____ AGE _____ TELEPHONE (H) _____

EMAIL _____ (W) _____

FAX: _____

HOW LONG A RESIDENT OF ALACHUA COUNTY? _____

ARE YOU CURRENTLY AN ELECTED OFFICIAL? _____

OCCUPATION _____

EDUCATION _____

TRAINING OR EXPERIENCE RELATED TO ACTIVITIES FOR THIS APPOINTMENT :

PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS _____

I am willing to spend _____ hours per month on this activity. I will attend meetings in accordance with the adopted policies of the MTPO. If at any time my business or professional interests conflict with the interests of this board or committee, I will not participate in such deliberations. Additional information on me may be secured from: (List three references - name, address, and phone number)

Signature

Additional information may be attached to this form.