

METROPOLITAN TRANSPORTATION PLANNING ORGANIZATION  
FOR THE GAINESVILLE URBANIZED AREA

**CITIZENS ADVISORY COMMITTEE  
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

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PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS

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I will attend meetings in accordance with the adopted Bylaws of the Metropolitan Transportation Planning Organization for the Gainesville Urbanized Area. 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)

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Signature \_\_\_\_\_

Additional information may be attached to this form