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

NAME ________________________________________________
ADDRESS _____________________________________________
CITY/STATE/ZIPCODE __________________________________
EMAIL ________________________________________________
TELEPHONE (HOME) ________________________
(CELL) ________________________
(WORK) ________________________
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 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)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature ________________________________

Additional information may be attached to this form

December 15, 2016