TOWN OF HOWEY-IN-THE-HILLS APPLICATION FOR BOARDS/COMMITTEES

Please Print Legibly
Name: Staci Mauro Home Mailing Address: SDD IS DXIP DX HOURY 10 the Hills 3/232
Florida Drivers License or ID:
Phone Number: (350 650865) E-mail Address: Cuppa Plans @ gmail Con
Business (Name & Type): \ \ \(\Omega \text{VV}\) \(\Omega \text{VNM}\) \(\Omega \text{VNM}\)
Business Address: 101 N Hancar Rd Minnoda, F134715
Business Phone: (352) 394-9600 Position: Packer
Training or experience related to activities of boards or committees to which appointment is sought:
Professional Organizations:
Have you served on a Town Board(s)/Committee(s) in the past?
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TOTAL PERCENT
Please check Board(s)/Committee(s) that interest you.
Cemetery Board Police Pension Board
Historic Preservation Board Utility Advisory Board
Library Board Visioning Committee
Parks & Recreation Board Other
Planning & Zoning Board Other
I will attend meetings in accordance with the adopted policies of the Town of Howey-in-the-Hills. 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. References may be secured from the following individuals:
Name Address Phone Number
1 Lyndauhepherd (352) 5/16-1727
2 Kelle 13eck (407) 446-3207
3 VIN MIGHTION (352) 531 - DIALO
- OY V COMP
Signature of Applicant
In completing this application, you are acknowledging that personal information you provide is subject to Florida's Public Records Policy as stated in Chapter 119, Florida Statutes, and Article I, Section 24 of the State Constitution.
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Applicants are considered for board openings for which they apply without regard to race, color, religion, gender, sexual orientation,
national origin, age, marital status, or the presence of a medical condition or disability. The Town of Howey-in-the-Hills will not
tolerate any form of discrimination, harassment or retaliation affecting it employees or applicants due to race, color, religion, gender,
sexual orientation, national origin, age, marital status, medical condition, or disability,
,这个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,他们就是一个人的时候,我们就是一个人的时候,我们就是一个人的时候,我们就是这个 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
FOR TOWN HALL USE
Received by Date
Reviewed by Board
Appointed by Town Council Date