Lake County League of Cities

Post Office Box 519 Eustis, Florida 32727-0519

Telephone (352) 223-0455 Email: Lakeleague1@comcast.net

August 1, 2021

To: Town of Howey-in-the-Hills

Attn: Sean O'Keefe, Town Administrator

P.O. Box 128

Howey-in-the-Hills, FL 34737-0128

Dues Invoice

The annual membership dues for the Lake County League of Cities for 2021-21 are due **no later than October 1, 2021.** Please send your check made payable as follows:

Lake County League of Cities, Inc.
Attn: Jim R. Myers, Jr., Executive Director
P.O. Box 519
Eustis, FL 32727-0519

Dues are based on a levy of 3.5 cents per capita of the member city. The minimum dues are \$ 125.00.

Your 2020 Estimated Population is: 1,702

Your 2021-22 dues are: \$125.00

In order to have a current list of City Officials on file and to enhance communications, please complete the questionaire below. Return this list at your earliest convenience. *If new appointments are made at other times of the year, please make your payment promptly and mail the list at a later time, when new appointments are made.*

Position Mayor	<u>Name</u>	Mailing Address/Zip	Phone/ E-Mail
Council President			
Commissioner/ Councilman			
Commissioner/ Councilman			
Commissioner/ Councilman			***************************************
Commissioner/ Councilman			***************************************
City Manager/ Administrator			***************************************
City Clerk			
City Attorney			***************************************

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Board of Director Appointment

(Please provide complete information requested below)

The By-Laws of the Lake County League of Cities provides that each member may designate one (1) <u>elected official</u> to serve as the Director, and that Director shall exercise that member city's vote on the Board of Directors.

Member City's Appointm	ent as a Director	
Name:		
Title:		
Address:		
Daytime Telephone:		
Fax #		
E-Mail Address		
elected official or staff mer	<u>mber</u> to serve as an Alternate	des that each member may designate one (1) Director, and that Alternate Director shall ors in the absence of the Director.
Member City's Appointm	nent as an Alternate Directo	<u>r</u> _
Name:		
Title:		
Address:		
		_
Daytime Telephone:		_
Fax #		
E-Mail Address		_
Preferred Staff Contact		
Name:		_
Title:		
Address:		
		
Daytime Telephone:		

Fax #

E-Mail Address