

Please return via email to:
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Via mail:
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Tallahassee, Florida 32301

Via fax: (850) 219-1098

Questions? Please call: 219-
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BLUEPRINT

INTERGOVERNMENTAL AGENCY 

CITIZEN ADVISORY COMMITTEE APPLICATION

Position Being Applied For: _____

Name: _____

Business or Home Address: _____

Email: _____

Work or Cell Phone: _____

Occupation: _____

Employer: _____

Address: _____

Identify any potential conflicts of interest that might occur if you are appointed:

Are you a City resident?	☐ Yes	☐ No
Are you a Leon County resident?	☐ Yes	☐ No
Are you a City property owner?	☐ Yes	☐ No
Are you a Leon County property owner?	☐ Yes	☐ No
Can you serve a full three-year term?	☐ Yes	☐ No
Can you regularly attend meetings?	☐ Yes	☐ No

Conflicts: _____

This Application may be subject to Public Records disclosure pursuant to Ch. 119, Florida Statutes.

Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this advisory committee:

Education:

_____	(College/University attended)
_____	(Degree received, if applicable)
_____	(Graduate School Attended)
_____	(Degree received, if applicable)

References (at least one):

_____	(Name/Business Address)	_____	(Phone)
_____	(Name/Business Address)	_____	(Phone)
_____	(Name/Business Address)	_____	(Phone)

All statements and information given in this application are true to the best of my knowledge.

Signature: _____ Date: _____

Revised 6/5/2024

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