LAKE~SUMTER METROPOLITAN PLANNING ORGANIZATION LAKE COUNTY TRANSPORTATION DISADVANTAGED COORDINATING BOARD GENERAL APPLICATION

Mr. Ms. Name:		Date:
Home Mailing Address:		
Home Physical Address:		
County of Residence:	Home Phone:	
E-mail Address:		
Training or experience related to activitie appointment is sought:		
Professional Organizations:		
Have you served on the Lake County Tr Yes No Dates Served: I will attend meetings in accordance with professional interests conflict with the in	n the adopted policies of Lake~Su	mter MPO. If at any time my business or
	Signature of App	<i>plicant::</i>
<i>References may be secured from the follo</i> Name	owing individuals. Address	Phone Number
1		
2		
3		
Please check the vacancy you are applying for A person over sixty years of age represe		
A person with a disability representing t	he disabled in Lake County.	
A citizen's advocate representative in La	ake County, who is a user of the syste	em.
A citizen's advocate representative in La	ake County.	
An experienced representative of the loc	al private for profit transportation in	dustry.
Terms of Appointment: Except for the Chair	person and state agency representati	ves, the members of the TDCB shall be appointed for

<u>Terms of Appointment:</u> Except for the Chairperson and state agency representatives, the members of the TDCB shall be appointed for three (3) year terms. The Chairperson shall serve until elected term of office has expired or until the Chairperson is otherwise replaced by the MPO. Individuals may be reappointed to serve an additional term or terms.