

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

Mr.  Ms. Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Home Physical Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Business (Name & Type): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Training or experience related to activities of the Transportation Disadvantaged Coordinating Board to which appointment is sought: \_\_\_\_\_

Professional Organizations: \_\_\_\_\_

Have you served on the Lake County Transportation Disadvantaged Coordinating Board in the past?  
 Yes  No Dates Served: \_\_\_\_\_

*I will attend meetings in accordance with the adopted policies of Lake~Sumter MPO. If at any time my business or professional interests conflict with the interests of this Board, I will not participate at such deliberations.*

*Signature of Applicant::* \_\_\_\_\_

*References may be secured from the following individuals.*

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please check the vacancy you are applying for:

- A person over sixty years of age representing the elderly in Lake County.
- A person with a disability representing the disabled in Lake County.
- A citizen's advocate representative in Lake County, who is a user of the system.
- A citizen's advocate representative in Lake County.
- An experienced representative of the local private for profit transportation industry.

Terms of Appointment: Except for the Chairperson, the non-agency members of the TDCB shall be appointed for three year staggered terms with initial membership being appointed equally for one, two, and three years. The Chairperson shall serve until replaced by the MPO.

**Please return to: Lake~Sumter MPO, 1616 South 14<sup>th</sup> Street, Leesburg, FL 34748, or fax (352) 315-0993**