

TAYLOR COASTAL WATER AND SEWER DISTRICT
COMMISSIONER APPLICATION

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____

ALTERNATE PHONE: _____

EMAIL: _____

EMPLOYER: _____

JOB TITLE: _____

NUMBER OF YEARS RESIDING IN TAYLOR COUNTY: _____

ARE YOU A REGISTERED VOTER IN TAYLOR COUNTY? YES NO

DO YOU OWN HOMESTEAD PROPERTY IN THE TCSWD SERVICES AREA? YES NO

EXPLAIN WHAT KNOWLEDGE OR INTEREST QUALIFIES YOU FOR CONSIDERATION FOR APPOINTMENT TO THIS BOARD.
ATTACH ADDITIONAL SHEETS IF NEEDED.

“I do solemnly swear or affirm that I am a registered voter with the State of Florida and that I own real property within the boundaries of the Taylor Coastal Water and Sewer District as designated in Taylor County Ordinance No. 2000-10.”

Signature: _____

Received by TCWSD:	Received by BCC:	Action Taken:
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