

TOWN OF LAKE HAMILTON ADVISORY BOARD APPLICATION

Please note: Per Florida Statutes 112.3145, any individual appointed to an advisory board required to submit a Disclosure of Financial Interest Statement, CE Form 1, annually to the Polk County on or before July 1st of each year. Applicant's Signature:	he Supervisor of der Chapter 119 Town Clerk's e - P.O. Box 12 lorida, 33851	Florida Office
required to submit a Disclosure of Financial Interest Statement, CE Form 1, annually to the Polk County on or before July 1st of each year. Applicant's Signature: When completed and filed with the Town Clerk's Office, this document is a public record und Statutes, and therefore is open to public inspection. Return form to: Town Hall 100 Smith Avenue Lake Hamilton F	he Supervisor of der Chapter 119 Town Clerk's e - P.O. Box 12 lorida, 33851	Florida Office
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If yes, please provide documentation of restoration of rights from the state clemen		
If yes, which government agency?	Yes	No 🗖
Are you currently employed by a government agency?	Yes	No 🗖
Are you currently or have you ever served on any government Advisory Board? If yes, which government agency?	Yes	No 🗖
Are you currently a Homeowner or Renter in the Town of Lake Ho Are you a registered voter in the Town of Lake Hamilton? How long have you lived in Lake Hamilton? Years/Months:	umilton? Yes 🗖	No 🗖
Are you a resident in the Town of Lake Hamilton?	Yes	No 🗖
Please answer the following Questions:		
Employer:Cell #:Cell #:		
Mailing Address: Cell #: Cell #:		
Physical Address:		
Name:Email:		
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ONLY Lake Hamilton Residents shall be appointed to Town Advisor		
☐ Charter Review Committee ☐ Planning and Zoning Board ☐ Centenni.☐ Zoning Adjustments & Appeals Board ☐ Parks & Recreation Advisory E		