



Town of Ponce Inlet
4300 South Atlantic Avenue
Ponce Inlet, FL 32127
(386) 236-2180

Application for Appointment to the
ACCESSION COMMITTEE

Please note that all information provided becomes a public record upon receipt.

Each member of the Committee shall be a qualified elector of the Town of Ponce Inlet and preference for appointment will be given to full-time residents per Section 2-91(g) of the Town's Code of Ordinances. The Committee meets at least once per quarter in a public meeting in accordance with the Sunshine Law, per Resolution 2011-10.

Name: _____

Address: _____

Daytime Telephone: _____ Cell: _____

E-mail address: _____

Residency: Full-time Part-time

Is this an application for *re-appointment*? Yes No - If yes, year first appointed: _____

The specific duties of the Accession Committee are listed in Resolution 2011-10. In addition, Resolution 2011-10 states that "*preference shall be given to candidates who possess knowledge/skills relevant to accession of historic property.*" Do you have any experience, education, and/or interest in the following fields:

Historic Preservation Accessioning of Historic Items Florida History

If yes, please explain: _____

Are you familiar with Parliamentary Procedure? Yes No

If yes, please explain when and where you have received training and in what capacity you were serving at the time: _____

Are you familiar with the Government in the Sunshine law? Yes No

If yes, please explain when and where you have received training and in what capacity you were serving at the time: _____

Please provide any information you feel may be helpful for consideration of appointment to the Committee: _____

I hereby affirm that I am a resident and qualified elector of the Town of Ponce Inlet and that the information provided on this application is accurate.

Signature of Applicant

Date

STATE OF FLORIDA }
COUNTY OF VOLUSIA }

Affirmed and subscribed before me this _____ day of _____ by _____ who is personally known to me or has produced

the following form of identification: Driver's License/State: _____ ID/Type: _____

Notary Stamp/Seal

Notary Public

STAFF USE ONLY

Application received by: _____ Date: _____

Proof of residency verified? FL Driver's License Voter Registration verified? _____

Date of Council meeting: _____ Letter sent: _____

Appointment **APPROVED**

Appointment **DENIED**