

CITY OF CENTURY
APPLICATION OF INTEREST
CHARTER REVIEW COMMISSION
(Applicant must be a resident of the City of Century)

Name (please print): _____

Home Address: _____

Office Address: _____

City, State, Zip: _____

City, State, Zip: _____

Telephone: _____ Telephone: _____

Cell Phone: _____ E-mail Address: _____

Age: _____ Sex: _____ Race: _____

(Age, Sex, and Race will be used for the purpose of encouraging diversity among Commission Members.)

How long a resident of the City of Century? _____

Occupation: _____

Experience: _____

Community Activities: _____

Other Interests: _____

Additional Comments: _____

Signed: _____ Date: _____

Please return application and questionnaire to: City Clerk's Office, P. O. Box 790, Century, FL 32535, or email to kgodwin@centuryflorida.us.

COMMISSION QUESTIONNAIRE

1. Why do you want to serve on this Commission?

2. What background and/or qualifications do you have that would qualify you to serve on this Commission?

Name (please print): _____