



**Reappointment for Okaloosa County Boards,
Commissions, Councils and Committees**

This form may be typed, handwritten or completed online then printed. Please return application paperwork that has been completed in its entirety and signed to:

Board of County Commissioners Okaloosa County

1250 North Eglin Parkway, Suite 100

Shalimar, FL 32579

(850) 651-7105 Telephone/(850) 651-7142 FAX

Or e-mail to CitizenCouncils@myokaloosa.com

To access this form online, go to: <http://myokaloosa.com/citizen-councils/home>

Please indicate the Board, Council, or Committee which you are serving on _____

Section 1 – Personal Information

Name: (Last, First, Middle) _____

Residential Address: _____

City, Zip Code _____

Business Address: _____

City, Zip Code _____

Please specify the preferred mailing address: Residential Business

Home or Business Telephone: _____

Cell Phone: _____

Email: _____

Occupation: _____

Employer: _____

In which Okaloosa County Commission District do you live? _____

Florida law allows certain persons to request that an agency not publicly disclose specific identification and/or location information contained in agency records. Please refer to sections 119.071(2)(j), (4)(d), and (5)(i), 265.605 and 267.17, Fla. Stat., or applicable statute for scope of protection. Do you qualify for this exemption? Yes No

Section 5 – Certification and Signature

By signing this application, you are affirming that the information provided is true and you are acknowledging the statements below:

- I understand that some boards, commissions, councils and committees have a requirement to file an annual Financial Disclosure Form.
- Information submitted on this application will be considered public information except for any exemptions pursuant to Florida Statutes.
- Must be a citizen of Okaloosa County, except as specifically provided by County resolution.
- Participation on a board, commission, council or committee requires attendance at the majority of the meetings of said board, commission, council or committee.
- This is a volunteer position and I will not receive financial compensation for serving.
- It is the applicant's responsibility to keep the information on this form current. To advise the County of any changes, or for questions about the application process, please contact the Administration office by telephone at (850) 651-7105 or by e- mail at CitizenCouncils@myokaloosa.com .
- This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted to Okaloosa County to furnish such information to third parties in the course of fulfilling its official responsibilities. I hereby release Okaloosa County and all persons or organizations from any liability arising from such statements, their solicitation or use. A photocopy of this form will be as effective as the original.

Signature of Applicant

Date

