
CITY OF BELLE ISLE
CITY COUNCIL MEMBER APPLICATION

City council and candidates for any position of the city council shall have resided in a bona-fide residence in the city and the city district that they would represent at least one (1) year immediately before the date on which they apply to the city clerk for qualification to run for the office of commissioner or mayor; shall be a registered voter in Orange County with proof from the Orange County Supervisor of Elections; or as later designated, at an address within the city district for at least one (1) year immediately before the date on which they apply to the city clerk for qualification to run for the office of commissioner, or mayor; and shall meet and satisfy all qualifications to be a voter in the state of Florida. A residence shall be considered a bona-fide residence under this section if it is subject to a valid homestead exemption in the records of the Orange County Property Appraiser.

Please email the City Clerk a completed application, Resume, and Letter of Interest to yquiceno@belleislefl.gov.

Name: Chad Rocheford

Home Address: 7041 Lake Drive, Orlando FL 32809

Contact Number: 407-489-9078 Email: chad.rocheford@gmail.com

1. Will you have time to fulfill the duties of this Council? Yes No

2. Are you able to attend the necessary meetings? Yes No

3. Describe your community involvement and experience that would apply to this Commission.

River Oaks Community Association, Edgewood FL - Past President & Treasurer

Cornerstone Charter School - Current Volunteer & Parent

Active member of the Rotary Club of Dr. Phillips

Executive Board Member of Central Florida Hotel and Lodging Association

Local business owner

4. Describe why you are interested in serving on the City Council:

I am interested in running for city council to improve our community by

addressing local issues, promoting transparency, and ensuring that all

residents have a voice in our government.

5. Please submit a letter of interest with your application. Please use a separate page if needed.

By signing below, you affirm to the best of your knowledge that the information you provided on this form is true and complete.

Signature: Chad Rocheford

Date: 07/24/2024