

**TOWN OF HOWEY-IN-THE-HILLS
APPLICATION FOR BOARDS/COMMITTEES**

Please Print Legibly

Name: James Steele Date: 3/25/25
Home Mailing Address: 1003 N. Temple Ave
Home Physical Address: _____
Florida Drivers License or ID: _____
Phone Number: 407-314-8413 E-mail Address: PLP 31314@gmail.com
Education: College
Business (Name & Type): _____
Business Address: _____
Business Phone: _____ Position: _____
Training or experience related to activities of boards or committees to which appointment is sought: _____

Professional Organizations: _____

Have you served on a Town Board(s)/Committee(s) in the past? _____ Yes _____ No

Name of Boards/Committee(s):

Dates Served:

Park & Rec - Chair
Library Board - Chair

5/22 - 5/24
4/19 - present

Please check Board(s)/Committee(s) that interest you.

<input type="checkbox"/> Cemetery Board	<input type="checkbox"/> Police Pension Board
<input type="checkbox"/> Historic Preservation Board	<input type="checkbox"/> Utility Advisory Board
<input checked="" type="checkbox"/> Library Board	<input type="checkbox"/> Visioning Committee
<input type="checkbox"/> Parks & Recreation Board	<input type="checkbox"/> Other
<input type="checkbox"/> Planning & Zoning Board	<input type="checkbox"/> Other

I will attend meetings in accordance with the adopted policies of the Town of Howey-in-the-Hills. If at any time my business or professional interests conflict with the interests of this Board or Committee, I will not participate in such deliberations. References may be secured from the following individuals:

Name	Address	Phone Number
1	_____	_____
2	_____	_____
3	_____	_____

James Steele
Signature of Applicant

In completing this application, you are acknowledging that personal information you provide is subject to Florida's Public Records Policy as stated in Chapter 119, Florida Statutes, and Article I, Section 24 of the State Constitution.

Additional information may be attached to this form.

FOR TOWN HALL USE

Received by Brock Date 3/25/2025
Reviewed by Board _____
Appointed by Town Council _____ Date _____