

CITY OF SWEENY



CRIME CONTROL AND PREVENTION DISTRICT **BOARD MEMBER APPLICATION**

Please complete and return application to the Office of the City Secretary at: PKXYXIPISTYEW/COSSWEEPAYXXXQXV

MISSION STATEMENT

102 W. Ashley Wilson Rd.

kdsmith@sweenytx.gov

The role and mission of the Sweeny Crime Control and Prevention District (CCPD) is to promote and develop crime reduction programs, strategies and equipment that will result in an overall decrease of the fear of crime and increase in quality-of-life issues in the City of Sweeny.

Briefly describe why you want to serve on CCPD: As a local business owner I would like to be more involved in the safety and security of our town. I am a huge police supporter and I feel by being a part of this board is way to support and give back to the department and my city. PERSONAL INFORMATION: 01/19/1976 Hessong John LAST NAME **FIRST NAME** DATE OF BIRTH N/A (361)935-7329 **HOME PHONE CELL PHONE** Mechanic **OCCUPATION** HIGHEST LEVEL OF EDUCATION **HOME ADDRESS EMAIL ADDRESS** 1004 Alice hessllc@gmail.com Sweeny, Texas 77480 ARE YOU A RESIDENT OF THE CITY OF SWEENY? LENGTH OF RESIDENCY 5 years 2 months YES NO ARE YOU A REGISTEED VOTER? **VOTER REGISTRATION NUMBER** Registered in Edna, Texas NO



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IF YOU ARE CURRENTLY SERVING ON A CITY BOARD, COMMISSION, OR OTHER CITY-AFFILIATED ENTITY, PLEASE PROVIDE NAME OF ORGANIZATION AND LENGTH OF SERVICE. **ORGANIZATION** LENGTH OF SERVICE CONFLICT OF INTEREST: Do you, your spouse or your employer have any financial interest, directly or indirectly, in 1. matters that might come before the CCPD Board? YES NO 2. Do you, your spouse or your employer have any financial interest, directly or indirectly, in the sale to the City of any land, materials, supplies or service? YES NO REFERENCES: Please provide contact information for two (2) references: 1. NAME (FIRST, LAST): Molly Caudle (979) 549-6907 PHONE NUMBER: HOW YOU KNOW EACH OTHER: Friends Shawn Rynolds 2. NAME (FIRST, LAST): PHONE NUMBER: (979) 665-7817 HOW YOU KNOW EACH OTHER: