02/19/2025

To whom it may concern,

I unfortunately have come to a point in time where I no longer reside in or near the city of Sweeny and due to my work obligations and personal life pulling me away from the city more often it has become more difficult for me to continue my service on the CCPD Board. I respectfully submit this letter as my official resignation from the board, effectively immediately. I have enjoyed my time spent with the CCPD and will miss my fellow board members.

Sincerely,

John Hessong

John Hessong

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CITY OF SWEENY



102 W. Ashley Wilson Rd.

PO Box 248 Sweeny, Texas 77480 P: (979) 548 - 3321

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

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

MISSION STATEMENT

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.

PERSONAL INFORMAT	ION:	
Bynum	Joshua	
LAST NAME	FIRST NAME	DATE OF BIRTH
	859-559-5048	<u> </u>
HOME PHONE	CELL PHONE	
Clergy	Master's	
OCCUPATION	HIGHEST LEVEL OF EDUCATION	
HOME ADDRESS		EMAIL ADDRESS joshua@sweenyfmc.org
Sweeny, Texas 77480		
ARE YOU A RESIDENT OF THE CITY OF SWEENY?		LENGTH OF RESIDENCY
YES NO		1.5 years
✓		
ARE YOU A REGISTEED VOTER?		VOTER REGISTRATION NUMBER
YES NO		
TES INO		



CITY OF SWEENY



ORG	SANIZATION	LENGTH OF SERVICE	
CON	FLICT OF INTEREST:		
1.	Do you, your spouse or your employer have any financial interest, directly or indirectly, in matters that might come before the CCPD Board?		
	YES NO		
2.	Do you, your spouse or your emplo the sale to the City of any land, ma	oyer have any financial interest, directly or indirectly, in terials, supplies or service?	
	YES NO		
	RENCES: se provide contact information for tw	o (2) references:	
1.	NAME (FIRST, LAST): Brad	Caudle	
	PHONE NUMBER: (979)	548-3112	
	HOW YOU KNOW EACH OT	HER: Professionally	
2.	NAME (FIRST, LAST): Sheri	VanAvery	
	PHONE NUMBER:		
	HOW YOU KNOW EACH OT	HER: Church Member	

By signing above, you certify that all information on this form is complete and represented accurately. The applicant further authorizes the City Council, or its designee, to perform a criminal history check as deemed necessary for appointment to a board and commission or for subsequent service. The applicant agrees to release and hold harmless the City from all claims incident to the verification of information contained herein. All information provided is considered public pursuant to the Texas Public Information Act.