

## ADVISORY COMMITTEE APPLICATION FOR BOAR

<p style="text-align: center;">It is the applicant's responsibility to keep the information on this form current.          To advise the County of any changes please contact Christine Coble          by telephone at 606-5300 or by e-mail at CobleC@leoncountyfl.gov</p> <p style="text-align: center;">Applications will be discarded if no appointment is made after two years.</p>		
Name: <u>Neil F. Gray</u>		Date: <u>9/01/09</u>
Home Phone: <u>877-6579</u>	Work Phone: <u>N/A</u>	Email: <u>neil.gray@earthlink.net</u>
Occupation: <u>Retired</u>	Employer: <u>N/A</u>	
Please check box for preferred mailing address.		
<input type="checkbox"/> Work Address:		
City/State/Zip:		
<input checked="" type="checkbox"/> Home Address <u>2012 Rivers Rd.</u>		
City/State/Zip: <u>Tallahassee, FL 32305</u>		
Do you live in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you live within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you own property in Leon County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it located within the City limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For how many years have you lived and/or owned property in Leon County? <u>41</u> years		
Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference		
<u>Performance Based</u>		
1st Choice: <u>Treatment Systems</u> 2nd Choice: _____		
If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:		
Human Services __ Housing __ Health Care __ Science __ Library Services __ Growth Management __		
Tourist Development __ Transportation __ Bicycle/Pedestrian __ Parks & Recreation __		
Code Enforcement __		
Other Areas _____		
Have you served on any previous Leon County committees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, on what Committee(s) have you served? <u>Residuals Management</u>		
How many days per month would you be willing to commit for Committee work? <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 to 3 <input type="checkbox"/> 4 or more		
And for how many months would you be willing to commit that amount of time? <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 to 5 <input type="checkbox"/> 6 or more		
What time of day would be best for you to attend Committee meetings? <input checked="" type="checkbox"/> Day <input checked="" type="checkbox"/> Night		
(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.		
Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other		
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                      Age: <u>67</u> Disabled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 606-5300 or e-mail at CobleC@mail.co.leon.fl.us		

In the space below briefly describe or list the following: any previous experience on other Committees; your educational background; your skills and experience you could contribute to a Committee; any of your professional licenses and/or designations and indicate how long you have held them and whether they are effective in Leon County; any charitable or community activities in which you participate; and reasons for your choice of the Committee indicated on this Application. Please attach your resume, if one is available.

I have forty-three years experience in the field of utilities; electric, water and waste water. I currently hold Class B licenses in Drinking Water and Waste Water Treatment. I retired in 2006 as Superintendent of Operations, Water Services Department, Talquin Electric Cooperative.

References (you must provide at least one personal reference who is not a family member):

Name: Homer Tedder Telephone: 878-2001

Address: 6028 Fox Rd., Tallahassee, FL 32305

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**IMPORTANT LEGAL REQUIREMENTS FOR ADVISORY COMMITTEE MEMBERSHIP**

AS A MEMBER OF AN ADVISORY COMMITTEE, YOU WILL BE OBLIGATED TO FOLLOW ANY APPLICABLE LAWS REGARDING GOVERNMENT-IN-THE-SUNSHINE, CODE OF ETHICS FOR PUBLIC OFFICERS, AND PUBLIC RECORDS DISCLOSURE. THE CONSEQUENCES OF VIOLATING THESE APPLICABLE LAWS INCLUDE CRIMINAL PENALTIES, CIVIL FINES, AND THE VOIDING OF ANY COMMITTEE ACTION AND OF ANY SUBSEQUENT ACTION BY THE BOARD OF COUNTY COMMISSIONERS. IN ORDER TO BE FAMILIAR WITH THESE LAWS AND TO ASSIST YOU IN ANSWERING THE QUESTIONS BELOW, YOU MUST COMPLETE AN ORIENTATION BEFORE YOUR APPLICATION IS DEEMED COMPLETE.

- Have you completed the Orientation?  Yes  No
- Are you willing to complete a financial disclosure form, if applicable?  Yes  No
- Will you be receiving any compensation that is expected to influence your vote, action, or participation on a Committee?  Yes  No If yes, from whom? \_\_\_\_\_
- Do you anticipate that you would be a stakeholder with regard to your participation on a Committee?  Yes  No
- Do you know of any circumstances that would result in you having to abstain from voting on a Committee due to voting conflicts?  Yes  No If yes, please explain \_\_\_\_\_
- Do you or your employer, or your wife or child or their employers, do business with Leon County?  Yes  No If yes, please explain \_\_\_\_\_
- Do you have any employment or contractual relationship with Leon County that would create a continuing or frequently recurring conflict with regard to your participation on a Committee?  Yes  No If yes, please explain \_\_\_\_\_

All statements and information provided in this application are true to the best of my knowledge.

Signature: *Neil F. Gray*

Please return Application to  
Christine Coble, Agenda Coordinator  
Leon County Board of County Commissioners  
301 South Monroe Street  
Tallahassee, FL 32301

# Google maps

Get Google Maps on your phone  
Text the word "GMAPS" to 466453



A. A Plan To Meet Inc  
 2012 Rivers Rd, Tallahassee, FL -  
 (850) 224-6222