



**CITY OF GROVELAND
APPLICATION FOR CITY COUNCIL DISTRICT SEAT 4**

(Please Print)

Name: _____ Application Date: _____
Street Address, Including Zip Code: _____
Telephones: Home: _____ Work: _____ Cell _____
Place of Business: _____
Title/Position Held: _____
In what City district number do you reside: _____
Email Address: _____

ELIGIBILITY

Are you a City of Groveland resident? Yes ___ No ___
If you are a resident, how long have you lived in the City? # of years _____
Do you own property in Groveland? Yes ___ No ___
Do you own a business in Groveland? Yes ___ No ___
Are you engaged in business in Groveland? Yes ___ No ___
Are you registered to voter in Lake County, Florida? Yes ___ No ___
Are you employed at South Lake High School? Yes ___ No ___

MISCELLANEOUS INFORMATION

Do you currently serve on any other City of Groveland board/committee? Yes _____ No _____
If yes, please list the board/committee _____
Are you related to a City of Groveland Council member by blood,
adoption or marriage? Yes _____ No _____
Potential Conflict of Interest: Are you currently or have you ever been engaged
in the management of any business enterprise that has a financial interest with the City of
Groveland? Please provide details, such as the name of the enterprise, the nature of the
business, and the positions you hold or have held. Yes _____ No _____

INTERESTS AND EXPERIENCE
(Additional Information May be Attached)

Briefly state your interest in serving on the City of Groveland City Council. Please include information relating to prior service on any governmental board or committee, and any specialized skills or training you feel will help you to qualify to serve on City Council.

Signature: _____

Date: _____

Please return this form to:
Office of the City Clerk, 156 S. Lake Ave, Groveland, FL 34736