

CITY OF FLORENCE
AIRPORT ADVISORY COMMITTEE

Application Form

Date: _____

Name: _____

Home Address: _____

Mailing Address: _____

Phone (Home/Cell): _____ Work: _____

Email: _____

1. _____ Number of year(s) you have lived in the Florence Area?
2. _____ Is your home within the city limits of Florence?*
3. _____ Is your home within the Siuslaw / Mapleton School Districts?
4. _____ Do you lease a hangar at the Florence Airport?
5. _____ Would you be able to attend at least one meeting per month?
6. _____ Are you aware members may have to devote considerable time for study and analysis of airport issues?
7. _____ Can you see any potential conflicts of interest, either personal or financial that would prevent you from making impartial decisions?
8. What is your occupation/position? (If retired what was your occupation /position?)
9. Please give a brief statement explaining why you desire to be a member of the Airport Advisory Committee. **(Please continue on the back if necessary)**

* Residing outside of the Florence City Limits does not necessarily preclude you from participating in the Airport Advisory Committee. Please contact City Recorder Kelli Weese at 541-997-3437 or via email at kelli.weese@ci.florence.or.us for clarification on the residency requirements of this or other City Committees.

