

CITY OF FLORENCE  
AUDIT COMMITTEE

*Application Form*

Date: \_\_\_\_\_

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

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

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

Phone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

1. \_\_\_\_\_ Are you aware members may have to devote considerable time for study and analysis of financial issues?
2. \_\_\_\_\_ Can you see any potential conflicts of interest, either personal or financial that would prevent you from making impartial decisions?
3. What is your occupation/position? (If retired what was your occupation /position?)
4. Please give a brief statement explaining why you desire to be a member of the Audit Committee. **(Please continue on the back if necessary)**