



“Honoring the Past, Embracing the Future”

AIRPORT AUTHORITY BOARD SEAT APPLICATION

Members of the Board shall attend regular meetings conducted monthly on the first Tuesday of each month at 6:00 p.m., with such meetings generally lasting approximately two (2) hours. Board members may also be required to attend special meetings as duly noticed and called. All members shall conduct themselves in full compliance with Florida’s Government in the Sunshine Law, Section 286.011, Florida Statutes.

The Board shall act in an advisory and policy-guidance capacity to the Airport Manager and shall not participate in, direct, or otherwise interfere with the Airport Manager’s day-to-day administration and operation of the airport. The powers, duties, and authority of the Board, as well as its operational procedures, are established and governed by Article XI, Section 38 of the City Charter of the City of Keystone Heights, Florida (Airport Authority), and Article I of the City of Keystone Heights Code of Ordinances (Airport).

Name: _____

Primary residential address: _____

City: _____ State: _____ Zip Code: _____

Phone: Home: _____ Cell: _____ Work: _____

Email address: _____

Which Keystone Heights Airport Authority seat are you applying for? _____

In what City/County is your primary residence located. _____

How many years have you been in this area? _____

Do you currently own or operate an aircraft? _____

Have you owned or operated an aircraft in the past? (Give pertinent aviation background)

Do you lease property at the Airport? If so, attach copy of lease? _____

Please describe any business or administrative experience:

Do you have any experience working with the FAA? ____ Yes ____ No _____

If yes, please describe:

Do you have any experience managing commercial property? ____ Yes ____ No _____

If yes please describe: _____

Do you have any experience with federal grants? ____ Yes ____ No _____

If yes please describe:

Why would you like to serve on the Airport Authority? What do you feel your major contribution would be? _____

What is your current/former employment and position held?

What has been your main employment background or interest? _____

Do you presently serve on any Governmental Committee? If so, provide name of committee.

By signing this application, the applicant affirms that he/she is a qualified elector of their respective County, and is qualified under the Constitution and the Laws of Florida and the KHAA Charter to hold the public office of KHAA Board Member.

By signing this application, the applicant affirms that they have no personal, business or professional relationships with the KHAA, any of its Board Members, Employees or Tenants; except as briefly disclosed below (attach a separate sheet if necessary for full disclosure).

Additional information can be attached to this application.

Please complete and return to the City of Keystone Heights, P O Box 420 or 555 S.

Lawrence Blvd, Keystone Heights, Fl 32656, telephone 352-473-4807.

Signature _____ Date: _____

Printed name _____

You may also email your completed application to:

officemanager@keystoneheights.us