

APPLICATION TO SERVE ON KEYSTONE HEIGHTS AIRPORT AUTHORITY

Name: _____

Primary residential address: _____

City: _____ **State:** _____ **Zip:** _____

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? _____

What would you like to see originated or completed in the following areas at Keystone Heights Airport? Please be as specific as possible.

Aviation Complex: _____

Commerce Complex: _____

Recreation Complex: _____

Timber Management: _____

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

What is your 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 and date

Printed name

State of _____
County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2020, by _____, who is ___ personally known to me or ___ have produced their driver license as identification.

Notary Public signature

Notary printed name
Commission expires _____

Seal