

GAINESVILLE URBANIZED AREA

METROPOLITAN TRANSPORTATION PLANNING ORGANIZATION (MTPO)

BICYCLE/PEDESTRIAN ADVISORY BOARD

RESUME

Please return to:

Date _____

MTPO
North Central Florida Regional Planning Council
2009 NW 67th Place - Suite A
Gainesville, FL 32653-1603

NAME _____ **ADDRESS** _____

ZIP CODE _____ **AGE** _____ **TELEPHONE (H)** _____

EMAIL _____ **(W)** _____

HOW LONG A RESIDENT OF ALACHUA COUNTY? _____
ARE YOU CURRENTLY AN ELECTED OFFICIAL? _____

OCCUPATION _____

EDUCATION _____

TRAINING OR EXPERIENCE RELATED TO ACTIVITIES FOR THIS APPOINTMENT _____

PAST CIVIC AND PROFESSIONAL ACCOMPLISHMENTS OR HONORS _____

I am willing to spend _____ hours per month on this activity. I will attend meetings in accordance with the adopted policies of the MTPO. If at any time my business or professional interests conflict with the interests of this board or committee, I will not participate in such deliberations. Additional information on me may be secured from: (List three references - name, address, and phone number.)

Signature

Additional information may be attached to this form.