CITY OF CLEARWATER CLEARWATER BROWNFIELDS ADVISORY BOARD Name: Home Address: Office Address: Telephone: Telephone: How long a resident of Clearwater Occupation: Employer: Field of Education: Other Work Experience: - Speig TON ShSINE If retired, former occupation: Community Activities: a a Other Interests: Board Service (current and past): **Board Preference:** and Koonice Center CLASON HOUSING SERVICES INC. OR HODD Additional Comments: Signed. Date: Category Applying For:) Agency involved in Brownfields redevelopment

) Business Owner (must own a business within the Designated Brownfield Area)

) Resident (must be a resident within or adjacent to the Designated Brownfield Area)

Please return this application and board questionnaire to the Official Records & Legislative Services Department, P.O. Box 4748, Clearwater, FL 33758-4748, or drop off your application at City Hall, 2nd Floor, 112 S. Osceola Avenue.

RECEIVED

MAY 18 2017

OFFICIAL RECORDS AND LEGISLATIVE SRVCS DEPT.

BOARD QUESTIONNAIRE

1. What is your understanding of the board's duties and responsibilities? 10 Receive information at avens designated by the City 1 As Brown tield Areas, future land use, loca Council & provide vecommendar Sens to 4 loy ment otc. Conneil regarding proposed site schabilitation gyreements 2. Have you ever observed a board meeting either in person or on C-View, the

City's TV station? NO

3. What background and/or qualifications do you have that you feel would qualify you to serve on this Board?

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4. Why do you want to serve on this Board?

ave contaminated

Mas HINSON SR, Name:

Board Name: