Application for Advisory Boards



Board Selection

Please refer to the City of Clearwater Advisory Boards listing for requirements.

You will need to upload at least one of the following:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

| Select the Boards The | at You Would | Like to App | ly To |
|-----------------------|--------------|-------------|-------|
|-----------------------|--------------|-------------|-------|

Boards Marine Advisory Board

Personal Info First Name * Kevin Middle Initial RT Last Name * Laughlin Email Address* kevin@breezeworks.us (727) 422-1269 Primary Phone * (Example: (123) 456-7890) Length of Residency* If not a resident of Clearwater, select "Not a Resident" 6+ Years Business Owner?* Do You Own or Represent a Business in Clearwater? • Yes • No Home Address Street Address* 1237 ROSE ROAD City* CLEARWATER Zip Code * 33759

Highest Level of Education Some college credit, no degree Occupation If retired, enter former occupation Safety Trainer Employer Breezeworks Services, Inc. Relevant Work Experience Educator, Marine Parts expert, 45 years boating experience, former dockmaster, proprietor of breezeworks.net. World's expert on Mercruiser 470 motor.

Community Activities Golfer

Board Service * Have you served or do you serve on a board in Clearwater?

⊙ Yes ○ No

Board Experience

Board * Start Year * End Year *

Marine Advisory Board 2017 2020

Business Info

Business Address

Business Name * BREEZEWORKS SERVICES

Street Address * 1237 Rose Rd

City* Clearwater

Zip Code * 33759-3332

Business Phone * (727) 422-1269

(Example: (123) 456-7890)

Attachments

Please refer to the City of Clearwater Advisory Boards listing for requirements and please attach a copy of one of the following documents:

- Current voter registration within city limits
- Valid current Florida Driver License issued to an address within city limits
- Declaration of Domicile filed with the city clerk affirming residency within city limits

Proof of Residency IMG_3760.jpg 2.12MB

File types accepted: pdf, tif, tiff, jpeg, jpg, gif, doc, docx, rtf, png. 10 MB max file size.

| Questionnaire | | |
|--|---|--|
| Question 1. What is your understanding of the duties and responsibilities of the Board(s)? | | |
| Answer 1.* | To advise city personnel with decisions needed to maintain the city's marinas and waterfront. | |
| Question 2. Have you ever observed a board meeting either in person or on C-View, the City's TV station? | | |
| Answer 2.* | • Yes • No | |
| Question 3. What background, experience, or education qualifies you to serve on the Board(s)? | | |
| Answer 3.* | Second term. Nearly 40 years in the Boating and Marina business. | |
| Question 4. Why do you want to serve on the Board(s)? | | |
| Answer 4.* | To continue to lend my expertise to the city of Clearwater. | |
| Date * | 2/25/2021 | |
| Signature * | Kerin RT Laughtin | |
| Checkbox | □ choice 1 □ choice 2 □ choice 3 | |
| Checkbox | ☐ choice 1 ☐ choice 2 ☐ choice 3 | |
| Drop-down | | |
| Radio Button | C choice 1 C choice 2 C choice 3 | |