

**APPLICATION TO SERVE ON KEYSTONE AIRPARK AUTHORITY**

**Name:** \_\_\_\_\_  
**Primary residential address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone: Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_  
**Email address** \_\_\_\_\_

Which Keystone Airpark 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 if you feel it would be helpful) \_\_\_\_\_  
\_\_\_\_\_

Do you lease property at the Airpark? If so, attach copy of lease? \_\_\_\_\_

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

Aviation Complex: \_\_\_\_\_  
\_\_\_\_\_

Commerce Complex: \_\_\_\_\_  
\_\_\_\_\_

Recreation Complex: \_\_\_\_\_  
\_\_\_\_\_

Timber Management: \_\_\_\_\_  
\_\_\_\_\_

Why would you like to serve on the 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? \_\_\_\_\_  
\_\_\_\_\_

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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 KAA Charter to hold the public office of KAA Board Member.

By signing this application, the applicant affirms that they have no personal, business or professional relationships with the KAA, 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 \_\_\_\_\_, 2010, by \_\_\_\_\_, who is \_\_\_ personally known to me or \_\_\_ have produced their driver license as identification.

\_\_\_\_\_  
*Notary Public signature*

*Seal*

\_\_\_\_\_  
*Notary printed name*

*Commission expires* \_\_\_\_\_