

Town of Montverde Florida Application to be considered for Appointment to Town Council

All information must be provided in order to be cons	sidered. Please type or provide an easy-to-read print.
Name:	Telephone:
Email address:	Occupation:
Home Address:	
Do you reside within the Town limits of Montverde?	Yes No how long?
Are you a registered voter in Lake County: Yes	s No
am available for meetings on Tuesdays between the	he hours of 6:30 PM and 10:30 PM Yes No
Are you available for special meetings that may occ	cur on other days? Yes No
Please explain any relevant experience that would	qualify you to serve on the Town Council:
Do you currently serve on any other boards: Non-problease provide your position and duties as a board	rofit, volunteer, civic clubs, or any other groups? If so, member.



Explain why you want to serve on the Town Council:		
If you were appointed	l, explain what your short-term and long-ter	m goals are as a Council member.
I hereby authorize the Town of Montverde or its representatives to verify all information provided and I further authorize the release of any information by those in possession of such information which may be requested by the Town. I certify that all information provided herein is true and accurate to the best of my knowledge.		
Signature:	Printed Name	Date:

All applications must be submitted to the Town Clerk by 4:00 p.m. June 25, 2025 or until filled. Town Hall is closed on Fridays, weekends, and all major holidays.

Please be advised, Florida has a very broad public records law. Most written communications to or from government officials regarding government business are public records available to the public and media upon request. Your application, email communication, or other written communications may therefore be subject to public disclosure.

If you require special accommodation due to a disability to participate in the application/selection process, you must contact the Town Clerk in advance of the application deadline at 407 469-2681.