

TOWN OF CENTURY  
APPLICATION OF INTEREST  
CHARTER REVIEW COMMITTEE  
**(APPLICANT MUST BE A RESIDENT OF THE TOWN OF CENTURY)**

**Name (please print):** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Office Address (If Applicable):** \_\_\_\_\_

**Email Address (If Applicable):** \_\_\_\_\_

**Primary Telephone Number:** \_\_\_\_\_

**Secondary Telephone Number (If Applicable):** \_\_\_\_\_

**How Long Have You Been A Resident of Century?** \_\_\_\_\_

**Occupation (If Applicable):** \_\_\_\_\_

**Experience:** \_\_\_\_\_

\_\_\_\_\_

**Community Activities:** \_\_\_\_\_

**Other Interests:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please Return Application and Questionnaire to: Kimberly Godwin, Town Clerk, in person or via mail at 7995 N Century Blvd, Century, Florida 32535, or email to [kgodwin@centuryflorida.us](mailto:kgodwin@centuryflorida.us).

**TOWN OF CENTURY CHARTER REVIEW COMMITTEE QUESTIONNAIRE**

**1. Why Do You Want To Serve On The Charter Review Committee?**

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**2. What Background And/Or Qualifications Do You Have That Would Qualify You To Serve On The Charter Review Committee?**

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**Name (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_