

**APPLICATION
COUNSEL TO THE ESCAMBIA COUNTY VALUE ADJUSTMENT BOARD**

**PLEASE TYPE OR PRINT
IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS**

1. PLEASE PROVIDE THE FOLLOWING GENERAL INFORMATION:

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

PHONE: _____

EMAIL: _____

2. ARE YOU AN ELECTED OR APPOINTED OFFICIAL OR EMPLOYEE OF ESCAMBIA COUNTY? _____ YES _____ NO

3. **HOURLY RATE \$** _____ **MINIMUM HOURS:** _____

4. PLEASE PROVIDE THE FOLLOWING INFORMATION:

A. FLORIDA BAR NUMBER: _____ ADMISSION DATE: _____

B. BRIEFLY EXPLAIN THE BASIS FOR YOUR EDUCATION AND EXPERIENCE IN ISSUES THAT COME BEFORE A VALUE ADJUSTMENT BOARD:

C. LIST ANY DISBARMENT, SUSPENSION, OR OTHER DISCIPLINARY ACTION THAT YOU HAVE RECEIVED FROM ANY ORGANIZED BAR ASSOCIATION:

5. LIST EACH INSTANCE IN WHICH YOU HAVE BEEN DISMISSED, TERMINATED, OR DENIED APPOINTMENT AS COUNSEL FOR A GOVERNMENTAL AGENCY OR BOARD DUE TO POOR OR IMPROPER PERFORMANCE:

6. LIST ANY PERSONAL OR BUSINESS RELATIONSHIP YOU HAVE WITH PROPERTY APPRAISER'S OFFICE, CLERK OF THE COURT'S OFFICE, COUNTY ATTORNEY'S OFFICE, OR MEMBERS OF THE VALUE ADJUSTMENT BOARD:

7. LIST ANY ADDITIONAL INFORMATION THAT QUALIFIES YOU TO SERVE AS COUNSEL TO THE VALUE ADJUSTMENT BOARD:

THE UNDERSIGNED CERTIFIES, UNDER PENALTY OF DISQUALIFICATION FROM CONSIDERATION, THAT EACH ITEM CONTAINED IN THIS APPLICATION, OR OTHER DOCUMENT FURNISHED BY OR ON BEHALF OF THE APPLICANT IS TRUE AND COMPLETE. THE UNDERSIGNED AUTHORIZES THE VALUE ADJUSTMENT BOARD TO OBTAIN INFORMATION FROM OTHER SOURCES TO VERIFY EACH ITEM CONTAINED HEREIN. THE UNDERSIGNED ACKNOWLEDGES THAT IF SELECTED HE/SHE WILL FOLLOW ALL REQUIREMENTS AND MANDATES OF LAW IN FULFILLING THE DUTIES OF COUNSEL TO THE VALUE ADJUSTMENT BOARD.

SIGNATURE OF APPLICANT

DATE