



2205 Commerce Drive ♦ P.O. Box 185 ♦ Carrollton, OH 44615 ♦ Fax: 330-627-1088

TRANSPORTATION ADVISORY COMMITTEE APPLICATION

Thank you for your interest in the Transportation Advisory Committee, the purpose of which is to obtain information about matters related to transportation and to make recommendations to the Board of County Commissioners for the County that affect and improve transportation for anyone desiring to use this service to maintain mobility and the quality of life.

Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Discipline Represented:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Fire/Law/EMA    | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> DJFS            | <input type="checkbox"/> Education  |
| <input type="checkbox"/> Veterans        | <input type="checkbox"/> CCCOA      |
| <input type="checkbox"/> County Resident | <input type="checkbox"/> Business   |

Please provide some detail on your transportation-related experiences (either personal or professional):

Why are you interested in serving on this committee?

To help us encourage broad-based community participation on the Transportation Advisory Committee, you may - but are not required - to provide the following information:

Elderly  Disabled   
 Gender: F  M  Race Or Ethnic Origin: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

**Please return this form to:**  
**Sonja Leggett**  
**P.O. Box 185, Carrollton, Ohio 44615**  
**Or Email: [sleggett@carrollcountyohio.us](mailto:sleggett@carrollcountyohio.us)**