

Staff Use Only:

Council District 19

This application is a

Reappointment

New Appointment

## GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Buxton

An individual may only apply to serve on one board or commission during any election cycle.

In order for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.

Mr  Mrs  Ms  Miss

Christine Robb

Home Address 300 Winsford Drive

City Greenville, SC

**\*\*You must be registered to vote in Greenville County at the time of application**

Occupation retired

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience**

OLLI volunteer, help with items to be done at Buxton  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe your understanding of the role of a member of the board or commission to which you are applying**

To take care of the bills for Buxton, record payments, handle any problems or repairs to be done at Buxton. Maintain the subdivision of Buxton  
\_\_\_\_\_  
\_\_\_\_\_

**What specific skills do you believe you could contribute as a member of this board or commission?**

Organizational skills, people skills and leadership  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?

Yes

No

If so, please give details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently hold any elected or appointed office or commission?

Yes

No

If yes, list

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Have you ever been fined for any ethics violations?

Yes

No

If so, please comment

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Have you ever been subject to penalty relating to a violation of State ethics standards?

Yes

No

If so, please explain

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Do you, any member of your immediate family or a business with which you or a member of your family is associated, provide goods and/or services to this board for payment?

Yes

No

If so, please explain

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**Statement**

*By my signature, I state that all information contained in this application is true and accurate to the best of my knowledge.*

*I understand it is my responsibility to insure my application is submitted within the application period and that it has been received by the County Council Office.*

*I understand my appointment to the board for which I am applying will not result in me receiving any compensation for my service.*

*I understand my lack of attendance resulting in three consecutive meetings or 25% of all meetings within a year may result in my removal from the board.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return completed form by mail, fax or email to:**

**Greenville County Council  
301 University Ridge, Suite 2400  
Greenville, SC 29601-3665**

**Fax: (864) 467-7358**

rmccaskill@greenvillecounty.org

If you have questions, please call 467-7115 or check the [www.greenvillecounty.org](http://www.greenvillecounty.org) website.