

Staff Use Only:

Council District 22

This application is a

Reappointment

New Appointment

Attendance Record: \_\_\_\_\_

## GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Brookfield

**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

Ryan Guite

Home Address 13 Doverdale Rd City Greenville

Zip 29615 Home Phone 2079395473 Work Phone \_\_\_\_\_

Occupation Opperations

Employer Novo Nordisk

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

Volunteer Experience

Big Brother Big Sister, YMCA, Board of Directors at Animal Refuge League (Portland, Maine), other local small activities  
\_\_\_\_\_  
\_\_\_\_\_

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

Help advise, guide and approve the tax appropriations ethically, legally, and appropriately for this division of the tax district - Brookfield.  
\_\_\_\_\_  
\_\_\_\_\_

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

Leader of others. MBA. Relational with others.  
\_\_\_\_\_  
\_\_\_\_\_

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.