

JUN 05 2025

## Advisory Board Application - Marion County Board of County Commissioners

Applicants must be residents of Marion County. Applications are kept on file for one year. More information can be found at [MarionFL.org/AdvisoryBoards](http://MarionFL.org/AdvisoryBoards).

**Date completed**

06/05/2025 12:00 AM

**\* Name of advisory board**

BOA

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## Applicant information

If your address or any other personal information is exempt under Florida Statute 119.70, please request, complete, and submit a Public Records Act form via the commission office at 352-438-2323 or [CommissionAdmin@MarionFL.org](mailto:CommissionAdmin@MarionFL.org).

Your full residential address is required to determine eligibility per Florida Statutes.

**\* Full name**

Thomas C. Phillips

**\* Physical address of primary residence**

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**\* Primary phone**

(321) 537-2412

**Work Phone**

\*\*SKIPPED\*\*

**\* Email**

travlex2@yahoo.com

Preferred method of contact

## Advisory Board Application

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### Additional applicant information

With this application, voter status is required and homesteaded property is optional but may be required at a later date depending upon which advisory board will receive your application. Additional personal information may also be required for participation per Florida Statute and/or county ordinance.

**\* Registered voter?**

Yes

**Do you own homesteaded property in Marion County?**

Yes

**\* Have you ever been convicted (including a withholding of adjudication), pled guilty, or pled to a nolo contendere (no contest) to a misdemeanor or a felony (including a criminal traffic violation)?**

No

Answering "Yes" will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'Yes,' please provide details. You may use an additional sheet if needed.

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The following data is collected in accordance with Florida Statute 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender

Male

Physically disabled

No

Race

White

## Advisory Board Application

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### Employment

If retired, please provide information for your most recent employer.

**Business name**

United parcel service

**Business physical address**

1686 Barrett Dr  
Rockledge FL 32955

**Occupation/Business type**

Parcel delivery

**Previous occupation/business type**

Parcel delivery

Are you employed with our organization?

No

**If yes, please provide your job title and associated department.**

**\*\*SKIPPED\*\***

Do you have relatives employed by our organization?

No

**If yes, please provide their job title(s) and department(s).**

**\*\*SKIPPED\*\***

Do you work for an entity or agency that received funding from or has a contract with our organization to perform services?

No

Are you, your spouse, or your children an officer, director, or partner with an entity that received funding from or has a contract with our organization?

No

If yes, you will be required to complete and submit a disclosure of business transaction, relationship, interest (Form 4A). You may request this form from the commission office via 352-438-2323 or CommissionAdmin@MarionFL.org.

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**Why do you want to serve on this advisory board? Please include relevant work experience, community involvement, interests, and other activities.**

**Paragraph Text**

To better serve our county and manage our natural resources

Do you serve on any other boards or commissions in Florida?

No

Are you an elected or appointed state, county, or city office holder?

No

**If yes, which board(s) or commission(s)?**

**\*\*SKIPPED\*\***

You may not serve on more than one substantive board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks & Recreation Advisory Council.

Have you ever served on a city or county advisory board?

Yes

**If yes, when, where, and which board(s) or commission(s)?**

Recently served on Marion County BOA, renewing application

## Advisory Board Application

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### Applicant references

Please provide three personal and/or business references relevant to this application, excluding county commissioners and county administration personnel.

1. Full name  
David Wiedemuth

1. Address  
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1. Phone  
(321) 745-0489

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2. Full name  
Alexis Phillips

2. Address  
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2. Phone  
(321) 537-3570

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3. Full name  
Tracy Forseth

3. Address  
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3. Phone  
(515) 802-5076

# Advisory Board Application

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## Experience/Qualifications

**Present/Previous employment relating to this advisory board:**

Had to get a boa permit for my horse barn

**Present/Previous volunteer experience relating to this advisory board:**

Served on this board for one year

**Special qualifications**

Familiar with county rules and regulations regarding this board

**How much time do you have monthly to prepare for and attend board meetings?**

20 plus hours a month

**List all county and city boards (Marion County or elsewhere) on which you have previously served (include dates of service).**

Marion County BOA June 2024-June 2025

## Advisory Board Application

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### Submission requirements

I authorize representative(s) of Marion County to contact my references, and I understand that all statements made on this application may be verified by Marion County, including background checks.

In addition, I understand that any misstatements or material omissions on my application may result in my removal from my appointed position.

I have reviewed the responsibilities associated with volunteering on this advisory board and am prepared to allot adequate time to fully participate and serve on this board.

I agree to attend at least one advisory board seminar within six months from the date of my appointment to an advisory board.

By typing my name into this online application, I accept it as my digital signature.

\* Submission acknowledgement and understanding requirement

I have read the above submission requirements and understand them.

\* This form was completed by:

Thomas C. Phillips

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