



CONTACT INFORMATION

The information contained on this form is considered CONFIDENTIAL and will not be made available to the public.

Name: _____
(Last) (First) (Full Middle Name)

Home Address: _____

Mailing Address: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Political Affiliation: _____

Section 13-2(2) of the Charter, County of Maui, requires that not more than a bare majority of members of a board or commission belong to the same political party; therefore, please indicate political-party membership, if any.

NOTE: Upon submission by the February 1 deadline, your application will be included in an applicant pool which will be accessed and reviewed by the Council. **Pages 1 and 2** of this application will be made available to the public for viewing and copying.

Letters of recommendation may also be attached to the completed application or may be submitted separately to the GREAT Committee. All testimony and other correspondence should reference GREAT-5.

Please email completed application by 12 p.m. noon on February 1, 2021 to: **great.committee@mauicounty.us** with a reference to **GREAT-5**. You may also fax your application to (808) 270-7686, mail your application to Office of Council Services, 200 South High Street, #703, Wailuku, HI 96793, or drop off your application in a drop box located on the 2nd floor of the Kalana O Maui Building, or to any Council district office located in West Maui, East Maui, or on Lanai or Molokai during hours of operation, 8 a.m. – 4:30 p.m. For further information, call GREAT Committee staff at (808) 270-7134 or (808) 270-8039.

Consent to be Nominated and Certification of Truthfulness and Accuracy of Information:

I declare that the above statements are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____