	Staff Use	Only:	
Council District	 This application is a	X Reappointment	New Appointment
		Attendance Record:	n/a

## **GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION**

	OKCERVICEE GOOTTI OF EGINE TAX DIOTKIOT AT FEIGHT ON
	Devenger Place
	An individual may only apply to serve on one board or commission during any election cycle.
In or	der for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.
Mr X	Mrs Ms Siobhan Tortora
Home Address	409 WINDWARD WAY, 409 Windward Way  City Greer
	Pooltor
Occupation	Realtor  Keller Williams
Employer	
Employer Addr	
403 WOODS Lak	e Rd Greenville SC 29607
Volunteer Expe	
-	n Wheels delivery person, Devenger Place Family Center Board Vice-president, Devenger Special Tax District
	Feeding Greenville homeless population throughout area,
Describe your	understanding of the role of a member of the board or commission to which you are applying
Position would i	n tale overseeing the private security officers and their shifts and responsibilities. Helping residents
communicate to	the officers' taking residents security concerns and assisting with resolutions. implementing and executing
special guest sp	peakers to residents
What specific s	kills do you believe you could contribute as a member of this board or commission?
-	nember of the Tax District Board and previous member of the Family Center Board. I have insight and are hard
•	re both boards work together for the betterment of the entire community. As a Realtor I know the important
	ng a community looking and running it's best.
Have very aven	haan aansistad of a seine athanthan a min an treffic violation 2
If so, please giv	been convicted of a crime other than a minor traffic violation?  Yes  X No
ii su, piease giv	'e uetaiis

Have you ever been subject to penalty relating	g to a violation of State ethics st	andards?	Yes	X No
Do you, any member of your immediate family		Yes	X No	
you or a member of your family is associated, services to this board for payment? If so, please explain				
you or a member of your family is associated, services to this board for payment?				
you or a member of your family is associated, services to this board for payment?  If so, please explain  By my signature, I state that all informations best of my knowledge.				
you or a member of your family is associated, services to this board for payment?  If so, please explain  By my signature, I state that all informations in the services of th	ation contained in this application contained in this application is subn			
you or a member of your family is associated, services to this board for payment?  If so, please explain  By my signature, I state that all informations best of my knowledge.  I understand it is my responsibility to in	ation contained in this application contained in this application is submounty Council Office.	nitted within the ap	plication period	
you or a member of your family is associated, services to this board for payment?  If so, please explain  By my signature, I state that all informations best of my knowledge.  I understand it is my responsibility to it and that it has been received by the Collinary I understand my appointment to the board.	ation contained in this application contained in this application is submounty Council Office.  Deard for which I am applying well the consecutive in three consecutive in	nitted within the ap	plication period	

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 website.