

Staff Use Only:

Council District 17

This application is a

Reappointment

New Appointment

Attendance Record:

n/a

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Glassy Mountain Fire Service Area

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

Robert M. Coseo

Home Address 147 Crowne Hill Way

City Marietta

Occupation Retired in 2009

Employer _____

Employer Address _____

Volunteer Experience

Currently co-chairing Cliffs Resident Outreach (CRO) fund

raising event (Oct. 3rd);

On committee which reviewed and rewrote ARB guidelines for the Cliffs at Mountain Park;

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

Applying for a Fire Commissioner to oversee the operations of the Glassy Mountain Fire Department.

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

I was a founding partner and Senior Managing Director of Denali Capital LLC, a multi billion dollar asset management firm. I was directly involved in overall investment decisions, development of operational policies and procedures, staffing, fund raising and investor relations.

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

Have you ever been fined for any ethics violations?

Yes

No

If so, please comment

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

Yes

No

If so, please explain

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

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 website.