

Staff Use Only:

Council District 27

This application is a

Reappointment

New Appointment

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

**GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION**

Clear Spring Fire Rescue

**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 Huslinger

Home Address 206 Dylan oaks drive

City Simpsonville

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

**Volunteer Experience**

40 years of fire service, 6 years in chief ranks , 3 1/2 years as the fire chief 1 year as deputy chief and 20 years as a fire commissioner at silver lake Fire district. 4 years as fire commissioner clear Spring Fire Rescue  
\_\_\_\_\_  
\_\_\_\_\_

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

The position of a fire commissioner is to distribute money for the protection of life and property also assists the fire chief in making s budget for equipment he may need to protect his men and the community  
\_\_\_\_\_  
\_\_\_\_\_

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

Over 20 years as a fire commissioner  
\_\_\_\_\_  
\_\_\_\_\_

**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 Was late one month for filling

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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

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Date

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**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.