		Staff Use	Only:	
Council District	27	This application is a	X Reappointment	New Appointment
			Attendance Record:	
GREEN	NVILLE C	OUNTY SPECIAL	TAX DISTRICT AP	PLICATION
		Clear Spring I	Fire Rescue	

	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 ord	ler for your application to be given consideration, it is critical that you answer all of the following questions as completely as possible.
X Mr	Mrs Ms Randy Allison
Home Address	206 draymoor lane City Simpsonville
Occupation	Owner
Employer	Five Forks Mower Sales and Service
Employer Addre	ess .
430 Scuffletown	Road
Simpsonville, SC	29681
	brience commissioner with the Board. I have been a member of this Dept since 1982, starting out as a volunteer, then then in 2000 became a commissioner for approx 7 years, then got appointed by Mr. Kirven when the Board
went to seven.	
Describe your u	nderstanding of the role of a member of the board or commission to which you are applying
I understanding a	as a Commissioner we are responsible for all finances of the dept. We oversee the operations to make sure
the Chief Officer	is conducting business properly and that money's being spent are being done in accordance with our year
budget and the p	lans we have for our district.
I have experience operations needs	e with fighting fires, medical calls, as a volunteer, officer and Chief. I have a very good understanding of the ed for a dept. I have knowledge that when the Chief brings items to us I understand how things work, I also and I am familiar with the financial workings of a business.
Have you ever b	een convicted of a crime other than a minor traffic violation? E details

Do you <u>currently</u> hold any elected or appointed office or commission?	
If yes, list Commissioner Clear Springs Fire Rescue	
Have you ever been fined for any ethics violations?	
If so, please comment	
Have you ever been subject to penalty relating to a violation of State ethics standards?	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 X No	
If so, please explain	
<u>Statement</u>	
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.	

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.