

Staff Use Only: ** currently an elected board member

Council District 27

This application is a

Reappointment

New Appointment

Attendance Record: _____

GREENVILLE COUNTY SPECIAL TAX DISTRICT APPLICATION

Clear Spring Fire and 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

Toya Lyles

Home Address 106 Roberts Farm Road

City Simpsonville

Occupation Management

Employer Willoughby Dental

Employer Address

3101 S. Hwy 14, Suite 3

Greenville, SC 29615

Volunteer Experience

I have been serving on the Clear Spring Fire Rescue Board since 2004.

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

The Board of Commissioners oversees the financial side of the department. We work diligently to see that the tax payer money is used to best serve the community. We have a fiscal year budget that is developed by the Chief and we work with the Chief to ensure that the needs of both stations and community are met through the budget. The operations side is directed by the Chief and we are here for support.

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

I have experience with employment laws, large work budget, payroll and an understanding of the importance that money needs to be spent wisely. Also, I take pride in giving back to the community through the Fire Department. Clear Spring Fire Rescue is a growing department as well as the community.

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 Current Commissioner for Clear Spring Fire Rescue

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.