

Date of Application:

2025-01-08

Your Name:**Last Name**

Michaels

First Name

Jeffrey

Middle Name

T

Address:**Number and Street**

930 Tulip Court

City

Marco Island

State

Florida

Zip

34145

Phone Numbers:**Cell**

9086252753

Email Address

jmichaels@optimusllc.com

Board or Committee

Audit Advisory Committee

Background**How long have you lived on Marco Island?**

10-15 Years

Are you a year-round resident?

No

Are you a qualified elector of the City?

Yes

Have you ever been convicted or found guilty of a criminal offense (any level felony or first degree misdemeanor only)?

No

Would you (or any organizations with which you are affiliated) potentially benefit on a personal level from decisions or recommendations made by this board?

No

Do you currently hold public office?

No

Do you now serve, or have you ever served on a Collier County or City of Marco Island board or committee?

No

Qualifications

Why do you want to serve on a committee?

As a long-time Marco Island taxpayer, I believe I have the perspective and professional qualifications to serve on this committee.

What issues do you think should be addressed by this committee?

Ensuring best practices by the city government in all areas.

(No Resume Submitted)