PINE TREE WATER CONTROL DISTRICT

CANDIDATE FOR BOARD OF SUPERVISORS

Name: _____ P
(First) (Middle) (Last) H

Address 1: _____ O
(Street Address) T

Address 2: _____ O
(City) (State) (Zip code)

Telephone: _____

What is/was your occupation? _____

How long have you lived in Rustic Ranches? _____

What are your views on road paving?

_____

_____

What are your concerns about the District?

_____

_____

_____

What you like to accomplish as a Supervisor of Pine Tree Water Control District?

_____

_____

_____

Tell us a little about yourself.

_____

_____

_____

_____

_____

_____

Forms must be completed and returned to Betty Camplin by **June 4, 2025** via mail or email.
Mailing address is Pine Tree Water Control District PO Box 2811, Clewiston, FL 33440
Email: staff@ptwcd.org