



It's real.

ADVISORY BOARDS & COMMISSIONS APPLICATION

Name: DON KEIL

Street Address: [REDACTED] ELM ST

City, State & Zip: SEGUIN, TX 78155

Phone Number: [REDACTED] Home [REDACTED] Business [REDACTED]

E-mail: [REDACTED]

Employer: RETIRED

Occupation: "

Business Address: -

How long have you been a resident of Seguin? 74 yrs

Are you a qualified voter of the City? YES

Please give a brief resume, including education, past employment, any special background or qualifications you have for serving on this board/commission. Use attachments, if necessary.

BUSINESS OWNER / CITY COUNCIL, 6 YRS / MAYOR, 8 YRS

Please state why you wish to serve the City of Seguin as a member of a board, commission, or committee. Use attachments, if necessary.

TO FULFILL MY DUTIES AS A CITIZEN

Do you currently serve on a City board or commission? Yes No

If yes, which board or commission? SEDC, GOLF COURSE ADVISORY BOARD

How long? SEDC - 12 YRS / GOLF - 4 YRS

Do you have any relatives who work for the City of Seguin? Yes No

If so, please list _____

Do you receive any direct compensation or gain from the City of Seguin? Yes No

If so, what type? _____

Do you receive any direct compensation or gain from any governmental body?

Yes No

If so, what type? SOCIAL SECURITY

Do you or a family member (including spouse, parent, child, sibling or in-law) receive any direct compensation or gain from any business entity or contractor doing business with the City of Seguin? Yes No

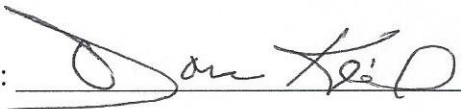
If so, what type? _____

If selected by the Seguin City Council, on which boards/commission would you be willing to serve? Please be specific. This application will remain active for one-year, unless you are appointed to a board or commission. You must reapply, if you would like to be considered for another board or commission.

1. PUBLIC LIBRARY FOUNDATION

2. _____

3. _____

SIGNATURE:  DATE: 7/12/24