

From: solodev@seminolecountyfl.gov
To: [Williams, Timothy](#)
Subject: Request for Board Appointments
Date: Monday, May 5, 2025 12:18:43 PM

Contact Information

First Name * **Susan**
Middle Initial **L.**
Last Name * **Kellicut**
Email Address * **suekellicut@gmail.com**
Cell Phone Number **407-590-5531**
Office Phone Number
Home Phone Number **407-359-6372**

Home Address

Address * **1414 Borg Lane**
Address 2
City * **Winter Springs**
State * **FL**
Zipcode * **32708**

Work/Office Address

Address
Address 2
City
State
Zipcode

Employment Information

Employer **Retired**
Position
How Long

Education

High School **West High School, Green Bay, WI**
College **University of Wisconsin - Platteville**
Degree Received **B.S. and M.A.T.**

If you currently or have ever held a professional or business license or certificate, please provide the title, issue date and issuing authority. If any disciplinary action has been taken, please state the type and date of the action taken:

Board Interest

Please list the Boards or Committees on which you would prefer to be considered for appointment: **Library Advisory Board**
Do you wish to be considered for other Boards? **no**

Please state your experience and interests that you feel would qualify you as a candidate for appointment to the Board/Committee(s): I have previously served on this board and would like to serve once again. I'm very interested in continuing the excellent reputation of our library system.

Florida law requires that members of certain boards file a detailed financial disclosure form. Would you be willing to serve on such a board? * **yes**

Tell Us About Yourself

Are you a resident of Seminole County? * **yes**

Are you a registered voter? * **yes**

Do you own property in Seminole County? * **yes**

Have you ever served on a County Board? * **yes**

If yes, when and which boards(s)? **LAB, January 2018 - December 2023**

Seminole County strives to ensure that all County Boards are representative of the community. To assist in this endeavor, please check the applicable boxes:

Ethnicity * **caucasian**

Gender * **female**

Date Of Birth **09/18/1948**

Reference 1

Name **Patricia Southward**

Address **PO Box 950730, Lake Mary, FL 32795**

Phone Number **407-328-9042**

Reference 2

Name **Deborah Carswell**

Address **2 Sleepy Hollow Cove, Longwood, FL 32750**

Phone Number **407-474-4117**

Reference 3

Name **Sharon Lynn**

Address **1008 E. Pebble Beach Circle**

Phone Number **407-683-9479**

Certification

The Appointment Information Form, when completed and filed with the County Commission Office, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and therefore is open to public inspection by any person.

[x] I understand the responsibilities associated with being a Board member, and I have adequate time to serve on the above Board(s). *