



CITY OF LAUDERDALE LAKES ADVISORY BOARD/COMMITTEE APPLICATION

Service on an Advisory Board or Committee provides citizens with an opportunity to help shape policy and direction for the City of Lauderdale Lakes. Please indicate your interest in serving on an Advisory Board and/or Committee by completing this application.

This application is for: New Appointment Re-Appointment

If you currently serve on a Board or Committee, please provide the name of the Advisory Board or Committee. _____

Please check the Advisory Board and/or Committee for which you wish to be considered:

<input type="checkbox"/> Beautification Advisory Board	<input type="checkbox"/> Military Affairs Board
<input type="checkbox"/> Budget Advisory Committee	<input type="checkbox"/> Parks and Recreation Board
<input type="checkbox"/> Civil Service Board	<input type="checkbox"/> Planning and Zoning Board
<input type="checkbox"/> Economic Development Advisory Board	<input type="checkbox"/> School Advisory Board
<input type="checkbox"/> Historic Preservation Board	

**Per Section 112.317 Florida Statutes, Members of some Advisory Boards are required to file a Financial Disclosure Report.*

Please type or print information.

PERSONAL:

Name _____ E-Mail Address: _____

Residential Address _____
Street Name _____

City _____ State _____ Zip _____

Daytime Number: _____ Alternate Number _____

EDUCATION:

High School: _____ Location: _____

College (if applicable): _____ Location: _____

Years Completed: _____ Degree: _____

Other professional or technical training: _____

EMPLOYMENT:

Current or Last Employer: _____

Address: _____

Position Held: _____ Years of Service _____

Please describe professional, voluntary or other experience that best qualifies you for the selected advisory board/committee:

If you are applying for an Advisory Board which has specific requirements, please explain how your experience and/or educational background meets the criteria (additional backup may be provided):

ACKNOWLEDGMENT (*Check Below*):

- I understand that in accordance with the Florida Sunshine Law, this information will be available for public review and I waive any objections to such publication.
- If appointed, I agree to faithfully and fully perform the duties **of the Board**, make every endeavor to serve my full term, and will comply with all laws or Ordinances of the City, County, and State of Florida.
- I understand, if appointed, an updated application must be submitted to seek appointment to another advisory board.
- I understand that if I am appointed to the Planning and Zoning Board I may be required to have additional experience, education and knowledge related to planning, zoning, redevelopment or related disciplines.

SIGNATURE:

NAME (printed)

DATE

Please complete and return this information:

City of Lauderdale Lakes
City Clerk's Office
4300 Northwest 36th Street
Lauderdale Lakes, Florida 33319
954-535-2705