



**Board of Commissioners Vacancy
Application for District 4 Commissioner**

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Have you resided in Madeira Beach for one (1) year immediately prior to the date of this application? Yes No Length of Residency: _____

Have you resided in District 4 for six (6) months immediately prior to the date of this application? Yes No

Have you been a registered voter in Madeira Beach for one (1) year immediately prior to the date of this application? Yes No Voter Registration Date: _____

Reason you are interested in serving:

Community activities/involvement:

Applicable education, occupational, and specialized experience:

Commissioners make recommendations and decisions that affect the entire community.

1. Do you foresee possible conflicts of interest with any of your current employment or civic positions? Yes (Please explain) No

2. When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the community?

Have you represented any other private person, group or entity for compensation before the Board of Commissioners or any board/committee of the City within the last two years?

Yes (Please explain) No

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in any contracts with the City? Yes (Please explain) No

Are there any days or evenings you are unavailable to meet? Yes (Please explain) No

I hereby swear that I have been a qualified elector and resident in Madeira Beach for one (1) year and have resided in District 4 for six (6) months, immediately prior to the date of this application and hereby apply for appointment to the vacant Board of Commissioners seat for District 4 and file this statement of candidacy. I declare that I meet all requirements to hold said office and that I agree to serve if appointed.

Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me, by means of physical presence or online authorization, by _____, who is personally known to me or has produced _____ as identification, this _____ day of _____, 2024.

Seal

Notary Public, State of Florida

My Commission Expires: _____

Please Note: Any information given on this application is subject to the Public Records Law of Florida

Applicants must file a Form 1, Statement of Financial Interests electronically with the Florida Commission on Ethics (<https://disclosure.floridaethics.gov/Account/Login>) as part of qualifying for appointment to the Commissioner District 4 Seat.

YOUR ORIGINAL APPLICATION, A COPY OF THE FILED ELECTRONIC COPY OF FORM 1, AND A COPY OF YOUR VOTER INFORMATION CARD MUST BE SUBMITTED TO THE CITY CLERK NO LATER THAN 4:00 P.M. ON WEDNESDAY, JULY 3, 2024.

CITY OF MADEIRA BEACH
ATTN: CITY CLERK
300 MUNICIPAL DRIVE
MADEIRA BEACH, FL 33708
727-391-9951, EXT. 231 OR 232

CITY CLERK'S OFFICE

This Application, a copy of the filed electronic copy of Form 1, and a copy of applicants Voter Information Card received by:

Name: _____

Position Title: _____

Date: _____

Time: _____