



APPLICATION TO SERVE ON CITY-APPOINTED ADVISORY BOARD OR COMMITTEE

Date submitted: _____

Desired Board (Rank top two [2]):

- | | |
|--|--|
| _____ Library Advisory Board | _____ Drainage Advisory Committee |
| _____ Zoning Board of Adjustments (ZBOA) | _____ Municipal Development District (MDD) |
| _____ Planning & Zoning Board (P&Z) | _____ Tax Increment Reinvestment Zone (TIRZ) |
| _____ Parks & Recreation Advisory Board | |
| _____ Community Emergency Response Team (CERT) | |

Name: _____

Home Address: _____

Mailing Address (if different): _____

Contact Number: _____

Alternate Number (if available): _____

Email Address (if applicable): _____

List current or last employment and position held. _____

Are you a resident of the City of Palmview (inside city limits)?

_____ Yes _____ No

Are you eligible to vote in city elections?

_____ Yes _____ No

If yes, provide voter registration number. (If you do not have your number, kindly contact the County Elections Department at [956]318-2570 to obtain.) _____

Do you have any relatives that work with the City of Palmview?

_____ Yes _____ No

If yes, list name(s), department and/or position and relationship. _____

Are you related to any member of the City Council by consanguinity or affinity (blood or marriage)?

_____ Yes _____ No

If yes, list name(s), department and/or position and relationship. _____

List any relative training and/or experience _____

Applicant Signature _____

Submit completed form to the City Secretary at Palmview City Hall, 400 W. Veterans Blvd.; by fax at (956) 581-7494; or by email at avillarreal@cityofpalmview.us

AABC1018