

## **Board/Committee Member Application Form**

The City of Hallandale Beach is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted Board and Committee applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

## Please return signed and completed application form to:

City of Hallandale Beach 400 South Federal Highway | Hallandale Beach, FL 33009 | Attn: City Clerk's Office Email: cityclerkoffice@cohb.org

## **APPLICANT'S INFORMATION**

LAST NAME:		FIRST NAM	FIRST NAME:	
CONTACT N	UMBER:			
EMAIL:				
STREET ADD	DRESS:		_	
CITY:			ZIP:	
STATE:				
OCCUPATIO	N:			
If applicable,	how long have you lived in H	allandale Beach?		
		FICATION OF RESID		
Driver's Lice	nse (Required):	Voter's Registration	Card (Required): □	
	of good standing with the C ng Liens, Taxes, Open Permits	•		
confidential, a		luntary. Information will	nay apply to you. Identity of the applicant is be used solely to comply with the reporting	
PHYSICAL	DISABILITY:	GENDER:	☐ Female	
	☐ No		☐ Male	
RACE:	<ul><li>☐ African-American</li><li>☐ Asian-American</li><li>☐ Caucasian</li></ul>	<ul><li>☐ Hispanic-Americ</li><li>☐ Native American</li><li>☐ Other</li></ul>		

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LAST NAME:	FIRST NAME	: 
you are interes	e your first, second, and third choices amongs sted in only one, this should be indicated. (At oard and one committee or on two boards or on two co	any given time, board members may not serve on
Committees:	Accessibility Advisory Board	Parks & Recreation Advisory Board
	Beautification Advisory Board	Planning and Zoning Board*/**
	Beach Preservation Advisory Board	Police/Fire Pension Board*/**
	Charter Review Committee*	Public Transportation, Traffic and Parking Advisory Board
	Civil Service Board*	Sustainability and Flood Mitigation Advisory Board
	Education Advisory Board*	Three Islands Safe Neighborhood Advisory Board*
	Golden Isles Safe Neighborhood Advisory Board*	Unsafe Structures Board*/**
	Historic Preservation Board*	
Olamantaria ( )		
Signature of Applicant:		Date:

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FOR OFFICIAL USE ONLY				
☐ Meets Requirements.				
☐ Does Not Meet Requirements:				
☐ Applicant serves on more than one board/committee or on two boards/committees.				
☐ Does Not Meet Qualifications (please choose reason below):				
☐ Experience/Background ☐ Education ☐ Residency				
☐ Good Standing with City: ☐ Liens ☐ Taxes ☐ Utilities ☐ Code ☐ Litigation				
☐ Not in Good Standing with City: ☐ Liens ☐ Taxes ☐ Utilities ☐ Code ☐ Litigation				
Received By: Date:				
Reviewed By: Date:				

FIRST NAME:

Revised: 12/3/2020

LAST NAME: