

CITY OF FLAGLER BEACH
ADVISORY BOARD AND COMMITTEE APPLICATION FORM
(Please fill out form completely)

Name: _____ Date: _____

Physical address: _____

Mailing address: _____

Home phone: _____ Daytime phone: _____

Fax: _____ E-Mail: _____

Occupation: _____

Number of years of City residence: _____ Own: _____ Rent: _____

Are you registered to vote in Flagler County? Yes _____ No _____

Identify the board(s) or committee(s) to which you request appointment:

Please describe your professional and/or volunteer experience or background which best qualifies you for selection to the board(s) or committee(s): _____

How many City Commission/board meetings have you attended in the last 2 years? _____

Have you ever served on a City advisory board or committee in the past?

Yes _____ No _____

If yes, please describe: _____

Signature

Please return this application to the City Clerk, P.O. Box 70, 105 S. 2nd Street,
Flagler Beach, Florida 32136