



## APPLICATION

Thank you for your interest in serving the City of Palm Coast. This application is for the remainder of Council Member Cathy Heigher's term, which will end after the November 2026 election.

**Applications are due by September 11, 2024 by 5 P.M.**

Your completion of this application is necessary so that the members of the City Council can thoroughly review each application as part of their consideration for the appointment of District 4.

**Please be advised that background screening of all applicants is required.**

**PLEASE ATTACH A RÉSUMÉ**

- \* Applicants must reside in District 4, maintain residency in District 4 for the duration of appointment, and must reside in District 4 for at least 45 weeks in the year.
- \* Council Members are required to file a Financial Disclosure with the City Clerk at the time of appointment and **ANNUALLY** thereafter with the Flagler County Supervisor of Elections.

**CITY COUNCIL MEMBERS ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.**

### 1. PERSONAL

Name: \_\_\_\_\_ E-mail address \_\_\_\_\_

Residence Address: \_\_\_\_\_ District # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different from Residence): \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

How long have you been a permanent resident of Palm Coast? \_\_\_\_\_

Do you reside in District 4 for at least 45 weeks in the year? \_\_\_Yes \_\_\_No

What year did you become a continuous resident of the City of Palm Coast? \_\_\_\_\_

List all places of residence for the last five years.

Address	City & State	From	To

Are you a registered voter in Flagler County?  Yes  No

Have you ever used or been known by any other legal name?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you a citizen of the United States?  Yes  No



List any business, professional, occupational, civic, or fraternal organizations or community groups of which you have been a member during the past five (5) years.

Name of Organization(s)

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**6. QUALIFICATIONS FOR APPOINTMENT**

State your experiences and interests or elements of your personal history that qualify you for this appointment.

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Have you received any degree(s), professional certification(s), or designation(s) related to the subject matter of this appointment? If yes, list below:  Yes  No

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Do you currently hold any office or position (appointive, civil service, or other) with any government entity? If yes, list below:  Yes  No

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Have you ever been elected or appointed to any public office? If yes, list below:  Yes  No

Office Title Date of Election or Appointment Term of Office Level of Government

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Have you or a business of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with City government, including the City of Palm Coast to which you have been appointed or are seeking appointment?  Yes  No If yes, explain below:

Name of Business Relationship to the Business Business Relationship to Agency

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Have you held or do you hold any occupational or professional licenses(s) in the State of Florida?  Yes  No If yes, provide the information below. If any disciplinary action (fine, probation, suspension, revocation, disbarment, etc.) has been taken against you by the issuing authority, state the type and date of this action.

License/certificate Title & No. Original Date of Issuance Issuing Authority Disciplinary Action/Date

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How do you believe that your education, experience, talents, and skills will benefit the work of the City Council and are you willing to act as a decision maker and not as an advocate, as required by law?

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**7. REFERENCES – Please list three references (business and/or personal)**

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Name, Address & Telephone Number

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Name, Address & Telephone Number

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Name, Address & Telephone Number

**8. ACKNOWLEDGMENT**

*If required by law, will you file a financial disclosure statement?*  Yes  No

I understand the responsibilities associated with being a member of the City Council and that I am subject to financial disclosure laws and ex parte communications rules and that I will be subject to the Code of Ethics for Public Officers and Employees and City rules of conduct.

I certify that I have adequate time to serve if appointed and that I will serve in accordance with the requirements of the City Council to which I am appointed.

**Further, by executing this application below**, I am authorizing City staff to perform a personal background screening, which shall include a general criminal records check and other checks relative to City Council for which I am applying.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN TO:** City Clerk’s Office  
City of Palm Coast  
160 Lake Avenue  
Palm Coast, Florida 32164

**PHONE:** 386-986-3713  
**FAX:** 386-986-3714  
**EMAIL:** [kcook@palmcoastgov.com](mailto:kcook@palmcoastgov.com)  
**WEBSITE:** [www.palmcoastgov.com](http://www.palmcoastgov.com)

**ALL CITY COUNCIL MEMBERS ARE SUBJECT TO THE SUNSHINE LAW AND PUBLIC RECORDS LAW.**

**\*SUNSHINE LAW:** The primary purpose of Government in the Sunshine Law is to assure public access to the decision-making processes of public boards and commissions. The Sunshine Law extends to discussions and deliberations as well as to formal actions taken by boards and commissions.