

**CITY OF FLAGLER BEACH
ADVISORY BOARD AND COMMITTEE APPLICATION FORM**

(Please fill out form completely)

Name: Robert Cunningham Date: 18 July 2022
Physical address: 557 N 10th St Flagler Beach FL 32136
Mailing address: 557 N 10th St Flagler Beach FL 32136
Home phone: 386-503-0882 Daytime phone: _____
Fax: _____ E-Mail: bob.Cunningham7@yahoo.com
Occupation: Retired

Number of years of City residence: 7 Own: Rent: _____

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

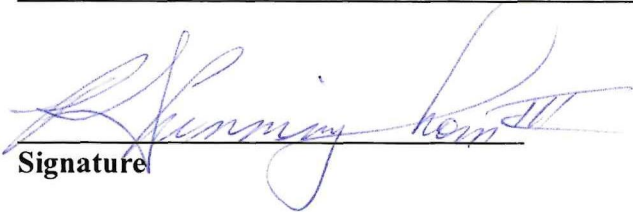
Identify the board(s) or committee(s) to which you request appointment:
Personnel Advisory Review Board

Please describe your professional and/or volunteer experience or background which best qualifies you for selection to the board(s) or committee(s): Have held various Management Positions over the past 20+ years in The Technology Sectors.

How many City Commission/board meetings have you attended in the last 2 years? 20

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