

CITY OF GREENACRES CITY COUNCIL APPOINTMENT APPLICATION

| NAME: | _PHONE: |
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| ADDRESS: | |
| CITY, STATE & ZIP: | |
| EMAIL ADDRESS: | _ NUMBER OF YEARS AS A RESIDENT: |
| EMPLOYER NAME: | OCCUPATION: |
| Please provide your education and work experience your resume) | e for the last 10 years. (You may attach a copy of |
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| ☐ Do you currently hold any elected or advisory position? | ☐ Do you or your employer have a business relationship with the City? |
| □ Do you own a business within the City? | ☐ Have you served on any City of Greenacres City Council or Advisory Boards in the past? |
| ☐ Are you a registered voter in PBC? | |
| Applicant Signature: | Date: |