

CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

City Clerk's Office Phone: 954-786-4611 Fax: 954-786-4095 P. O. Drawer 1300, Pompano Beach, FL 33061 www.pompanobeachfl.gov

Mr. X Mrs. Ms. Ms. Mrs. Mrs. Mrs. Mrs. Mrs. M	Miss Name: Adam Adac	he		
Residence Information: Home Address: 2620 SE	2nd Street			
City/State/Zip: Pompa	ino Beach, Fl 33062			
Home Phone: 954942-3805			Cell Phone: 954-448-1119	
Email: adam@cavacheproperties.com			Fax:	
Business Information: Employer/Business Na	ame: Cavache Properties LLC			
Current Position / Occupation: Managing Partner				
Business Address: 212	25 East Atlantic Blvd			
City/State/Zip: Pompar				
Business Phone: 954-933-7863 Fax: Email: Are you a U.S. Citizen? Yes No O				
Are you a U.S. Citizen?	Yes No O			
			Reside in District: 1 2	$3O_4O_5O$
Do you own real property in Pompano Beach? Yes No No				
Are you a registered voter? Yes No No				
Have you ever been convicted of a felony? Yes No				
Current or prior service on governmental boards and/or committees:				
-				
Affordable Housing	Text to the Advisory Boards/Com	nmi	ttees you would like to serve on: Parks and Recreation	٦ .
Air Park	Ladodion	十	*Planning & Zoning/Local Planning	1
Architectural	Emorgonov Modical Convince	╄	Agency	-
Appearance	Emergency Medical Services		*Police & Firefighter's Retirement System	
Charter Amendment	*Employee's Board of Appeals	1	Pompano Beach Economic Development Council	1
Community	Employee's Health Insurance	t	Public Art Committee	1 1
*Community	*General Employee's	⊢	Deputition 9 Called Marcha	-
Development	Retirement System		Recycling & Solid Waste	4
CRA East	Golf Advisory Board	Н	Sand & Spurs Riding Stables Marine	-
ODA W		Ц		
CRA West	Hillsboro Inlet District	П	*Nuisance Abatement Board	
Cultural Arts	Historic Preservation	П	*Unsafe Structures	
	*Housing Authority of Pompano Beach		*Zoning Board of Appeals	

*Financial Disclosure Form is required, if appointed to serve, upon appointment and upon resignation/retirement.

In addition a Resume may be attached Education:_____ Experience: Past Positions: Hobbies:_____ Making any false statements herein may be cause for revocation by the City Commission of any appointment to a Board/Committee. Signature: Initials of Clerk or Deputy: ____ Date received or confirmed: Please check one: ___ New Application ___ Currently Serving on Board ___ Updated Information

Note: Application is effective for one year from date of completion. If you have any questions on the above, please call the City Clerk's Office at: 954-786-4611, or send via fax to: 954-786-4095.

G/CC/Adv Brd App

Page 2 of 2

3/15/2023