

## CITY OF POMPANO BEACH ADVISORY BOARD / COMMITTEE APPLICATION

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

MrMrsMsMiss (Optional)	Name: Toshia R. Drummond	
Residence Information: Home Address: 840 SW 57th A	Avenue	
City/State/Zip:Plantation, FL 33		
Home Phone: 954-792-1184	Cell Pho	ne: 954-650-4463
Email:toshiadrummond@gmail	.com Fax: 95	4-301-2690
Business Information: Employer/Business Name: Plat		
Current Position / Occupation:	Owner and Managing Broker	
Business Address: 5239 West	Broward Blvd.	
City/State/Zip:_Plantation, FL 33	317	
Business Phone: 954-584-8700		Email:_platinumplusre@gmail.co
Are you all S Citizens Ver Y	Ma	
Are you a U.S. Citizen? Yes X	NO	
Are you a resident of Pompano Bead	ch? Yes NoX Ro	eside in District: 1 2 3 4 5
Do you own real property in Pompar	no Beach? Yes No_ x	
Are you a registered voter? Yes X	No.	
	<del></del>	
Have you ever been convicted of a for	elony? Yes No_X	
Current or prior service on government	ental boards and/or committees:	N/A
Please make a check next to the Advi	sory Boards/Committees you wo	uld like to serve on:
★ Affordable Housing	Cultural Arts	Parks and Recreation
Air Park	x Education	x *Planning & Zoning/Local Planning Agency
Architectural Appearance	Emergency Medical Services	*Police & Firefighter's Retirement
Nuisance Abatement Board	*Employee's Board of Appeals	System Pompano Beach Economic
Chartes Amondayant		Development Council
Charter Amendment Community Appearance	*General Employee's	Public Art Committee
Community Appearance	Retirement System	Recycling & Solid Waste Sand & Spurs Riding Stables
x *Community Development (CDAC)	Golf	Marine Sand & Spars Riding Stables
x CRA East	Historic Preservation	x *Unsafe Structures
CRA West	*Housing Authority of Pompano Beach	
Local Complete Count (Temporary)	Deach	
*Financial Disclosure Form is required, is	f appointed to serve, upon appointme	ent and upon resignation/retirement.
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## 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:

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.

\_\_\_ Currently Serving on Board

G/CC/Adv Brd App

Initials of Clerk or Deputy:

Please check one: \_\_\_ New Application

Date received or confirmed:

\_\_\_ Updated Information