

CITY OF POMPANO BEACH, FL ADVISORY BOARD/COMMITTEE APPLICATION

City Clerk's Office Post Office Drawer 1300	Fax No.:	(954) 786-4095
Pompano Beach, Florida 33061	Phone No.:	(954) 786-4611
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IN ORDER TO ASSIST THE CITY COMMISS AND COMMITTEE APPOINTMENTS, THE REQUESTED:	SION IN MAKING IE FOLLOWING	MUNICIPAL BOARD INFORMATION IS
NAME OF BOARD/COMMITTEE: ZOING BOA	RD; HOUSING AUTHOR	RITY BOARD;ECONOMIC
NAME OF APPLICANT: CARMEN JONES		
RESIDENCY ADDRESS: 721 NW 16TH STREET	POMPANO	004-044
ZIP CODE: 33060 HOME PHOI	NE NO.: (954) 783-72	33
MAILING ADDRESS: SAME AS ADDRESS		
CITY/STATE/ZIP CODE: POMPANO BEACH FL 33	060	- CACAMADA C
ARE YOU A CITY RESIDENT?	YES: 🔽	No:
if yes, please indicate district you r	ESIDE IN: 1: 2:	3:4:✓ 5: (
do you own real property in pompan	O BEACH? YES:	▼ NO: □
ARE YOU A REGISTERED VOTER?	YES:	NO:
HAVE YOU BEEN CONVICTED OF A FELONY	IN FLORIDA, OR A	NYOTHER STATE,
WITHOUT YOUR CIVIL RIGHTS HAVING BEI	en restored. Yi	es: No: V
BUSINESS OR OCCUPATION: BOCA RATON CO.	MMUNITY HOSPITAL	
BUSINESS ADDRESS: 800 MEADOWA ROAD		
CITY/STATE: BOCA RATON FL		

ZIP CODE: 33431 BUS	SINESS PHONE NO. (561) 955-4756
ARE VALIPREENTLY SERVING A	n any other city board or committee? Yes
THE LOCATION TO SERVED OF STREET	14 ANT OTHER CITE BOARD OR COMMITTER! 152
IF YES, PLEASE LIST NAME: ALTE	RNATE; EDUCATION ADVISORY
WOULD YOU CONSIDER SERVING	On any other city board or committee? \underline{y}
IF YES, PLEASE LIST NAME:	
ECONOMIC ADVISORY ZOING BOARD	
POMPANO HOUSING AUTHORITY	
HAVE YOU EVER SERVED ON A CI	TY OF POMPANO BEACH BOARD/COMMITTEE? <u>Y</u>
IF YES, PLEASE STATE NAME OF	BOARD OR COMMITTEE: ECONOMIC ADVISORY
QUALIFY YOU TO SERVE ON THIS EDUCATION:	5 BOARD OR COMMITTEE:
ELECTIVA E EVIN.	
EXPERIENCE: CONCERN CITIZEN; SER	RVED ON VARIOUS COMMUNITY COMMITTES IN CITY
CURRENT POSITION: SCHOOL ADVI	ISORY COMMITTEE;
PAST POSITIONS:	
HOBBIES: WALKING, READING	
MAKING ANY FALSE STATEMENT THE CITY COMMISSION:	IS HEREIN MAY BE CAUSE FOR REMOVAL BY
Carnen Joses	10-28-0f
SIGNATURE OF APPLICANT	DATE OF APPLICATION
AK.	476/13
INITIALS OF CLERK OR DEPUTY	DATE RECEIVED OR CONFIRMED

NOTE: IF YOU DO NOT WISH TO SERVE ON THIS BOARD OR COMMITTEE, PLEASE EITHER CHECK HERE _____ AND RETURN TO CITY CLERK, OR NOTIFY THE CITY CLERK'S OFFICE IN WRITING OF YOUR DESIRE NOT TO SERVE.