

**CITY OF DADE CITY
ADVISORY BOARD/COMMITTEE APPLICATION**

Date: _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Occupation: _____

Resident of Dade City _____ Number of Years _____

Own a Business in Dade City _____ Number of Years _____

Board/Committees you are interested in:

_____ Historic Preservation Advisory Board

_____ Redevelopment Advisory Committee (RAC)

_____ Recreation Advisory Board

_____ Citizens Advisory Committee

_____ Planning Board*

Training or experience related to activities of boards or committees to which appointment is sought: _____

Member of the following professional or business organizations:

Have you served on a City Board or Committee in the past? _____

If yes, name of committees/boards and dates: _____

Please list three references that the City may contact, include name, address and phone number:

1. _____

2. _____

3. _____

➤ Additional information or comments may be attached to this form.

I will attend meetings in accordance with the adopted policies of the City of Dade City. If at any time my business or professional interests' conflict with the interests of this board or committee, I will not participate in such deliberations of the Board or Committee.

Signature of Applicant

Please return application to:

City Manager's Office
City of Dade City
P.O. Box 1355/38020 Meridian Avenue
Dade City, FL 33526-1355

***If appointed, Planning Board members are required to file a financial disclosure information with the State of Florida Ethics Commission and to follow Sunshine Law.**