

VILLAGE OF ROYAL PALM BEACH

1050 ROYAL PALM BEACH BLVD., ROYAL PALM BEACH, FL 33411

email: ddisanto@royalpalmbeachfl.gov

CITIZENS ADVISORY COMMITTEE/MPO APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NO. (Home) _____

EMAIL ADDRESS: _____

OCCUPATION: _____

IF RETIRED, PAST OCCUPATION: _____

COMMISSION/BOARD YOU ARE INTERESTED IN: _____

1. BRIEFLY STATE THE REASONS WHY YOU FEEL YOUR APPOINTMENT TO THIS COMMISSION/MPO WILL BENEFIT THE VILLAGE OF ROYAL PALM BEACH: _____

2. WHAT EXPERIENCE DO YOU HAVE WITH ORGANIZATIONS, CIVIC GROUPS OR CLUBS THAT WOULD BE BENEFICIAL TO THIS COMMISSION/MPO?

3. ARE YOU WILLING AND ABLE TO ATTEND MONTHLY MEETINGS ON A
REGULAR BASIS? YES NO

IF NOT, WHAT ARE YOUR LIMITATIONS? _____

4. PLEASE INCLUDE ANY ADDITIONAL INFORMATION REGARDING YOUR
DESIRE TO BECOME A POSITIVE INFLUENCE IN IMPROVING THE
QUALITY OF LIFE IN ROYAL PALM BEACH.

5. CONSECUTIVE YEARS OF RESIDENCE WITHIN THE VILLAGE OF ROYAL
PALM BEACH _____

6. HAVE YOU EVER HELD AN ELECTED OR APPOINTED POSITION WITH THE
VILLAGE OF ROYAL PALM BEACH? YES NO

IF SO, EXPLAIN _____

7. HAVE YOU EVER HELD AN ELECTED OR APPOINTED POSITION WITH ANY
OTHER LOCAL, COUNTY, STATE OR FEDERAL AGENCY? YES NO

IF SO, EXPLAIN _____

8. ARE YOU CURRENTLY A MEMBER OF A VILLAGE COMMISSION/BOARD?
_____YES _____NO

IF SO, WHAT IS THE NAME OF COMMISSION/BOARD _____

AND ARE YOU WILLING TO RESIGN FROM THE COMMISSION/BOARD TO WHICH YOU ARE NOW A MEMBER IF YOU ARE APPOINTED IN ACCORDANCE WITH THIS APPLICATION? _____YES _____NO

The following information is required by Florida Statute 760.80. Please check one in each category.

RACE

African American Native American

Asian American Caucasian

Hispanic American Other

GENDER

Male Female

PHYSICALLY DISABLED

Yes No