



CITY OF CLEWISTON, FLORIDA
APPLICATION FOR
CITIZEN BOARD APPOINTMENT

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Telephone Number: _____

Occupation: _____

Business Address: _____

Committee/Board of interest to you:

_____ Community Redevelopment Agency Advisory Committee

_____ Library Advisory Board

_____ Planning and Zoning Board

What experience or special training do you have which you feel particularly fits you for the appointment to this position? _____

Signature of Applicant

Date

Please submit application to:

City of Clewiston, Florida
115 West Ventura Avenue
Clewiston, Florida 33440
863/983-1484