BOARD/COMMISSION CANDIDATE REAPPOINTMENT APPLICATION

Name:			
Home Address:			
Spouse's Name:			
Home Phone:		Cell Phone:	
Resident since:		E-Mail:	
Employer:		Years:	
Occupation:		E-Mail:	
Previous Residence	Street Address		
	City	State	Zip

**I am currently a member of the *(check the box of the board/commission that you are currently serving on)*:
and wish to reapply for membership for another term.

☐ Animal Shelter Advisory Committee ☐ Board of Adjustment ☐ Planning & Zoning Commission
☐ Other

Applicant Signature _____ Date _____

Return completed form to: City of Lake Worth, Attn: City Secretary
3805 Adam Grubb
Lake Worth, Texas 76135
or via e-mail or fax to: E-Mail: citysecretary@lakeworthtx.org
Fax (817) 237-9684

By signing above, you certify that all information on this form is represented accurately. The applicant authorizes the City Council, or its designee, to verify any information. The applicant agrees to release and hold harmless the City from all claims incident to the verification of information contained herein. All information provided is considered public pursuant to the Texas Public Information Act.

For City Secretary's Use Only		Date Appointed	_____
Date application received	_____	Term Expiring	_____
Received by	_____	Appointed to Place	_____