

COMMITTEE VOLUNTEER
PLANNING BOARD APPLICATION
PLEASE PRINT

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

Home Phone: _____ Business Phone: _____ Cell: _____

How is it best to contact you during the day? _____

E-mail Address: _____ Fax Number: _____

Business Address: _____

Are you a registered voter of the City of Panama City Beach? Yes _____ No _____

Do you hold a public office? Yes _____ No _____

At the present time, do you serve on any City Board, Commission or Committee? _____

If you, which one(s)? _____

Which Board would you prefer? _____

Please provide, if desired, briefly your education and experience. _____

Planning Board meets monthly 2nd Monday, 2PM.

I have read and understood Section 112.313, Florida Statutes, setting forth the standards of conduct for public officials and hereby affirm my eligibility to serve on the Examining Board in a voluntary capacity.

Signature of Applicant

Date

* * * * *

Please return the completed form to Jo Smith, at the City Manager's office in person, via email to jsmith@pcb.gov or via fax at (850) 233-5108. Closing Date for applications August 31, 2017. Council will make their choices 9/14/17 at their 6 P.M. meeting.

Any questions, please phone 233-5100 and ask for Jo; or email jsmith@pcb.gov.

NOTE: You must live within the City limits to be considered for the appointment.

PLEASE INCLUDE RESUME WITH APPLICATION.