



Town of Ponce Inlet
4300 South Atlantic Avenue
Ponce Inlet, FL 32127
(386) 236-2180

Application for Appointment to the
PARKS, RECREATION AND TREE ADVISORY BOARD

Please note that all information provided becomes a public record upon receipt.

Each member of the Board shall be a qualified elector of the Town of Ponce Inlet and preference for appointment will be given to full-time residents per Section 2-91(g) of the Town's Code of Ordinances. Board meetings are held at 6:00 p.m. the first Tuesday of each month, as necessary, in the Town Council Chambers at 4300 South Atlantic Avenue in Ponce Inlet.

Name: _____

Address: _____

Daytime Telephone: _____ Cell: _____

E-mail address: _____

Residency status: Full-time Part-time

Is this an application for *re-appointment*? Yes No – If yes, date first appointed: _____

The specific duties of the Parks, Recreation and Tree Advisory Board are listed in Section 46-35 of the Town's Code of Ordinances. Pursuant to Article 6, Section 6.2.4.E of the Town's Land Use and Development Code at least two members of the Parks, Recreation and Tree Advisory Board shall have an interest in trees and the perpetuation and care of trees on public property.

Do you have any experience, education, and/or interest in the fields of:
 Parks and Recreation Trees

If yes, please explain _____

Are you familiar with Parliamentary Procedure? Yes No
If yes, please explain when and where you have received training and in what capacity you were serving at the time: _____

Are you familiar with the Government in the Sunshine law? Yes No
If yes, please explain when and where you have received training and in what capacity you were serving at the time: _____

Are you familiar with Quasi-Judicial procedures? Yes No
If yes, please explain when and where you have received training and in what capacity you were serving at the time: _____

Please provide additional information you feel may be helpful with considering your appointment to the Board: _____

I hereby affirm that I am a resident and qualified elector of the Town of Ponce Inlet and that the information provided on this application is accurate.

Signature of Applicant

Date

STATE OF FLORIDA }
COUNTY OF VOLUSIA }

Affirmed and subscribed before me this _____ day of _____ by _____ who is personally known to me or has produced the following form of identification: Driver's License/State: _____ ID/Type: _____

Notary Stamp/Seal

Notary Public

STAFF USE ONLY

Application received by: _____ Date: _____

Proof of residency verified: FL Driver's License Voter Registration verified? _____

Date of Council meeting: _____ Letter sent: _____

Appointment **APPROVED**

Appointment **DENIED**