



City of Milton City Council Appointment Application

PLEASE PRINT LEGIBLY

DATE: _____

NAME: _____

ADDRESS: _____

PHONE #: (Home) _____ (Cell) _____
(Work) _____ (Other) _____

EMAIL: _____

CITY WARD: _____

NUMBER OF YEARS AT ADDRESS: _____

ADDRESS ON VOTER REGISTRATION CARD: _____

PROOF OF RESIDENCY: _____

I HEREBY CERTIFY THAT I MEET ALL ELIGIBILITY REQUIREMENTS TO SERVE AS A MEMBER OF CITY COUNCIL, AS ESTABLISHED BY THE CHARTER OF THE CITY OF MILTON, ARTICLE 2, SECTION 2.

SIGNATURE: _____

DATE: _____

PLEASE ATTACH MOST RECENT RESUME

PLEASE RETURN THIS FORM, PRIOR TO THE ESTABLISHED DEADLINE:

CITY OF MILTON
6738 DIXON STREET
MILTON, FL 32572

CITY STAFF USE ONLY: RECEIVED BY: _____

RECEIVED PRIOR TO DEADLINE ☐
CITY WARD VERIFIED ☐
VOTER REGISTRATION VERIFIED ☐

ADDRESS VERIFIED ☐
RESIDENCY VERIFIED ☐