



**CITY OF LAKE ALFRED  
CITY COMMISSION APPLICATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Voter Registration ID # \_\_\_\_\_ Lake Alfred Resident: \_\_\_\_\_ years / \_\_\_\_\_ months

Please explain your interest and reasons for applying to be appointed to the City Commission.

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Please list your education and employment experience and how it could relate to the appointment.

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Please explain any community volunteer experience.

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(attach additional pages if needed)

**PLEASE NOTE:** This position requires the successful applicant to file a Financial Disclosure Form 6 with the State of Florida Commission on Ethics. This requires a full disclosure of all assets, incomes, and liabilities and their associated values.

Please return the completed application form and any other documentation (e.g., Letter of Interest, Resume, etc....) to Linda Bourgeois, City Clerk, 155 E. Pomelo Street, Lake Alfred, FL 33850

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_