



7 North Dixie Highway, Lake Worth Beach, FL 33460 – Phone: 561-586-1600 – Fax: 561-586-1750

SECTION 1 Full Name: Valerie	y, H	urley		
Name of the Advisory Board / Committee you are currently serving on, for which you wish to be considered				
for reappointment: Firefi	ghters'	Retirement	Board	
Has your information changed si				
If you selected YES, please fill ou	t below. If you se	lected NO, please go to SE	CTION 2.	
Residence Address:				
City:		State:	Zip Code: _	
Business Address: (If applicable)				·
City:		State:	Zip Code: _	
Mailing Address: (If different fro				
City:	<u>-</u>	State: _	ZIP Code:	
Home Phone:		Business Phone:		
Cell Phone:	Email	Address:		
Proof of residency attached:				<u>_</u>
SECTION 2 By signing this form I acknowled complete Ethics Training and sulfat least once a year and that the which I am seeking reappointments	bmit the Ethics Tr e attendance poli	aining Certificate of Ackno cy will be in effect as per t	wledgement to the (	City Clerk's Office ing the board for
Signature	7	Dat		