



VOLUNTEER ADVISORY BOARD - REAPPOINTMENT APPLICATION

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

SECTION 1 Full Name: LEAN ANN	FOEKTSCH
Name of the Advisory Board / Committee	e you are currently serving on, for which you wish to be considered
for reappointment:CKA	
Has your information changed since your	appointment or last reappointment? YESNO
If you selected YES, please fill out below. I	fyou selected NO, please go to SECTION 2.
Residence Address:	
City:	State:Zip Code:
Business Address: (If applicable) 2424	N Federal Highway Ste 260
	State: FC Zip Code: 33431
	nce / business)
	State:ZIP Code:
Home Phone:	Business Phone Sol-362-2011
Cell Phone:	Email Address: LFOELTSCH @ PLDG CAW. COM
Proof of residency attached:	ad Status
complete Ethics Training and submit the I	the information above is true and correct and that I am required to Ethics Training Certificate of Acknowledgement to the City Clerk's Office ince policy will be in effect as per the ordinance governing the board for
	9/29/21 Date
Signature	Date