



City of
**Lake Worth
Beach**
FLORIDA™

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: JOHN T. Paxman

Name of the Advisory Board / Committee you are currently serving on, for which you wish to be considered for reappointment: CRA

Has your information changed since your appointment or last reappointment? YES _____ NO

If you selected YES, please fill out below. If you selected NO, please go to SECTION 2.

Residence Address: _____

City: _____ State: _____ Zip Code: _____

Business Address: (If applicable) _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (If different from residence / business) _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email Address: _____

Proof of residency attached: _____

SECTION 2

By signing this form I acknowledge that the information above is true and correct and that I am required to complete Ethics Training and submit the Ethics Training Certificate of Acknowledgement to the City Clerk's Office at least once a year and that the attendance policy will be in effect as per the ordinance governing the board for which I am seeking reappointment.

[Signature]
Signature

8/6/20
Date

Information regarding the duties and responsibilities of any board/committee can be found by visiting our website at www.lakeworthbeachfl.gov. If you need additional information, please contact Silvina Donaldson at sdonaldson@lakeworthbeachfl.gov, 561-586-1730.

This form has been updated on October 2019