



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: Robert D'Arinzo

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

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: 531 N Ocean Breeze, Lake Worth FI 33460

City: _____ State: _____ Zip Code: _____

Business Address: (If applicable) 9 N Ocean Breeze, Lake Worth FI 33460

City: _____ State: _____ Zip Code: _____

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

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Business Phone: 561-540-8979

Cell Phone: 561-662-8370 Email Address: bobpier@hotmail.com

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.

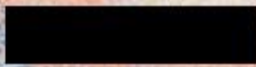
Robert D'Arinzo

Jul 30, 2020

Signature

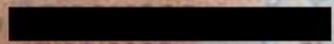
Date

Florida DRIVER LICENSE 

1 ID NUMBER **D652-760-62** 

2 NAME **D. ARINZO
ROBERT, JR.**

3 ADDRESS **551 N OCEAN BREEZE
LAKE WORTH, FL 33460-3154**

4a DOB 

4b EXP **07/30/2028** 15 HGT **5'-11"**

12 REST **NONE** 9a END **NONE**

4a ISS **05/21/2020**

5 DC **Q012005210232**

Operation of a motor vehicle constitutes consent to any sobriety test required by law. 