



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: Mark T. Rickards

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

Date

April 24, 2021