



Board of Commissioners Vacancy Application for District 4 Commissioner

(Please **print** clearly)

Name: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Length of Residency in Madeira Beach:

Have you resided in Madeira Beach for one (1) year immediately prior to the date of this application? [☐] Yes [☐] No

Have you resided in District 4 for six (6) months immediately prior to the date of this application? [☐] Yes [☐] No

Are you registered to vote in Madeira Beach? [☐] Yes [☐] No

Voter Registration Date: _____

Reason you are interested in serving:

Community activities/involvement:

Applicable education, occupational, and specialized experience:

Commissioners make recommendations and decisions that affect the entire community.

1. Do you foresee possible conflicts of interest with any of your current employment or civic positions? ☐ Yes (Please explain) ☐ No

2. When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the Community?

☐ Yes ☐ No (Please explain)

Have you represented any other private person, group or entity for compensation before the Board of Commissioners or any board/committee of the City within the last two years? ____

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in any contracts with the City? _____

Are there any days or evenings you are unavailable to meet?

[☐] Yes (*Please explain*) [☐] No

I hereby swear that I have resided in Madeira Beach for one (1) year, and have resided in District 4 for six (6) months, immediately prior to the date of this application and hereby apply for appointment to the vacant Board of Commissioners seat for District 4 and file this statement of candidacy. I declare that I meet all requirements to hold said office and that I agree to serve if appointed.

Signature: _____

Date: _____

Received by: _____

Date: _____

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online authorization, by _____, who ☐ is personally known to me or ☐ has produced _____ as identification, this _____ day of _____, 2024.

Notary Public, State of Florida

My Commission Expires:

Please Note: Any information given on this application is subject to the Public Records Law of Florida

A Form 1 - Statement of Financial Interests and your Voter Information Card will need to be submitted.

**APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF THE CITY CLERK
NO LATER THAN 4:00 P.M. ON JUNE ____, 2024.**

Please return completed form and resume to:
cvanblargan@madeirabeachfl.gov

City of Madeira Beach
Attn: City Clerk
300 Municipal Drive
Madeira Beach, FL 33708
727-391-9951