



CITY OF SWEENY

Application Expiration Date

102 W. Ashley Wilson Rd. • PO Box 248 • Sweeny, Texas 77480 • P: (979) 548-3321 • F: (979) 548-7745

APPLICATION FOR BOARDS & COMMISSIONS

Please complete and return applications to the Office of the City Secretary at info@sweenytx.gov
All applications received are retained for one calendar year, starting from the date in which applications is received. In the event a position in the board you have chose Once application has expired, you will be required to resubmit.

APPLICATION FOR:

Crime Control & Prevention District ☐
Parks & Recreation Board ☐
Planning & Zoning Board of Commissioners ☒
Sweeny Economic Development Corporation (SEDC) ☐

PERSONAL INFORMATION:

MASSEY _____ CANIEL _____
Last Name First Name Date of Birth

Phone _____ Email _____

Occupation
ELECTRICIAN

Mailing & Physical Address _____

Are you are resident of Sweeny? ☒ Yes ☐ No
If no, do you live within 10 miles of the center of Sweeny ? ☐ Yes ☐ No
Length of residency _____

Are you a Registered Voter in Brazoria County? ☒ Yes ☐ No
Voters Registration Number _____
Drivers License Number _____

CONFLICT OF INTEREST:

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in matters that might come before the board or commission being applied for? ☐ Yes ☒ No

Do you, your spouse, or your employer have any financial interest, directly or indirectly, in the sale to the City of any land, materials, supplies, or service?

SERVICE INFORMATION:

Please list all City affiliated boards/commissions you are currently serving on and provide length of service.

PARKS & RECS/ BOC _____



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Please provide a brief background on yourself and tell why you are applying for the specified position. What is your vision for specified organization? *Please note that all boards and commissions are on a volunteer basis. No compensation is awarded for serving.*

PRESIDENT OF SWEENEY LION'S CLUB

MEMBER OF BOC

CITY OF SWEENEY PARKS & REC

REFERENCES:

Please provide contact information for two (2) references:

Name (First, Last) JENNY MASSEY
Phone Number [REDACTED]
Email [REDACTED]
How acquainted? WIFE

Name (First, Last) CERRINGTON MASSEY
Phone Number [REDACTED]
Email [REDACTED]
How acquainted? SON

Canief Massey
SIGNATURE

6-4-24
DATE

FOR OFFICE USE ONLY:

Date Received _____ Time _____ By _____

Forwarded to Board/President/Affiliate _____ Date/Time _____

Application Expiration Date _____ (one year from date received)