



CITY OF SWEENY

CITY USE ONLY:

Application Expiration Date _____
OR
Appointment Date (if) _____

102 W. Ashley Wilson Rd. • PO Box 248 • Sweeny, Texas 77480 • P: (979) 548-3321 • info@sweenytx.gov

APPLICATION FOR BOARDS & COMMISSIONS

Please complete and return applications to the Office of the City Secretary located at City Hall or submit electronically to info@sweenytx.gov. All sections of the application must be completed in their entirety. Incomplete applications will not be considered. The City reserves the right to reject any application that is incomplete.

All applications received are retained for one calendar year, starting from the date applications is received. Once application has expired, you will be required to resubmit a new application.

In the event you are appointed to a board or commission in which you applied, your application will be filed away as of the date of appointment. Upon term expiration, of said board/commission in which you've previously been appointed too, if you choose to seek re-election, you will be required to re-submit a new application.

APPLICATION FOR:

Crime Control & Prevention District (CCPD)

☐

Sweeny Economic Development Corporation (SEDC)

☒

Planning & Zoning Board of Commissioners

☐

(Advisory Board)

Parks & Recreation Board

☐

(Advisory Board)

Capital Improvements Planning Board

☐

*** (Advisory Board)

PERSONAL INFORMATION:

Arana _____

Last Name

Denise _____

First Name

01/19/1990 _____

Date of Birth

979-248-8194 _____

Phone

dgarcia_90@yahoo.com _____

Email

Industrial Hygienist _____

Occupation

12675 CR 809 _____

Sweeny, TX 77480 _____

Mailing Address

12675 CR 809 _____

Sweeny, TX 77480 _____

Physical Address

Are you a resident of Sweeny?

☐ Yes

☒ No

If no, do you live within 10 miles of the center of Sweeny?

☒ Yes

☒ No

Length of residency 8 years

***To apply for the Capital Improvements Planning Board you must be a City of Sweeny Property Owner/Taxpayer or Resident/Citizen of Sweeny. You will be required to show proof. Please indicate your Brazoria County Appraisal District Property ID number/s (BCAD PID). _____

Are you a Registered Voter in Brazoria County?

☒ Yes

☐ No

Voters Registration Number 1148400563

Driver's License Number 24844972; DL copy must be attached to this application.



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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? ☒ Yes ☐ No

SERVICE INFORMATION:

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

N/A

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.*

I am an Industrial Hygienist at Chevron Phillips Chemical with a strong background in safety, compliance, and industrial operations. I also own Tinted Tunez Customz, which gives me firsthand experience with small-business needs and growth. In addition, I serve on the SISD School Board, where I work to support students, families, and community development. I'm applying for this position because I want to help strengthen responsible economic growth and support both local businesses and industry. My vision is to contribute to sustainable development, attract new opportunities, and ensure our community continues moving forward. I understand this is a volunteer role and am committed to serving in that capacity.

REFERENCES: Please provide contact information for two (2) references:

Name (First, Last) Cindy Garcia
Phone Number 979-417-6375
Email cmgarcia_66@yahoo.com
Context of acquaintance? Mother

Name (First, Last) Dane Arana
Phone Number 979-417-6375
Email dane.arana@gmail.com
Context of acquaintance? Spouse

Denise Arana Denise Arana Digitally signed by Denise Arana
Date: 2026.07.06 20:22:00 -05'00'

7/6/2026

APPLICANTS SIGNATURE

DATE

FOR OFFICE USE ONLY:

Date Received _____ DL Copy Attached _____ By _____

Forwarded To: _____ Date _____

Application Expiration Date _____ (One year from date received)

Appointment Date _____ (File away on date of appointment with newly appointed paperwork for said board.)