

CITY OF TEXARKANA, ARKANSAS

Application for Appointment to Citizen Advisory Board or Commission

(Please type or print clearly)

BOARD OR COMMISSION DESIRED (Please apply for one (1) board or commission per application.)

<input type="checkbox"/> Advertising & Promotion Commission	<input type="checkbox"/> Historical District Commission
<input type="checkbox"/> Airport Authority	<input type="checkbox"/> Library Board
<input type="checkbox"/> City Beautiful Commission	<input checked="" type="checkbox"/> Planning Commission
<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Plumbing Review Board
<input type="checkbox"/> Civil Service Commission	<input type="checkbox"/> Public Facilities Board
<input type="checkbox"/> Electrical Review Board	<input type="checkbox"/> SWAWIB-Southwest Arkansas Workforce Investment Board
<input type="checkbox"/> Heating & Air Conditioning Board of Review	<input type="checkbox"/> Other:

Name: EDWARD E LEWIS JR Home Phone: N/A

Address: 270 MILLER COUNTY 141 Texarkana Resident Yes No 23 Years

E-Mail Address: xcbinc@yahoo.com Miller Co. Voter Registration No. 1805708

Employer: EKK TRUCKING Work Phone: 903 280 1390

Position: OWNER/OPERATOR Cell Phone: _____

Education: _____ High School: DIPLOMA
College: A.A.S.

Special knowledge or past experience qualifying you for this appointment: (Please feel free to attach resume):
US NAVY VETERAN, 23 YRS RETIRED CONSTRUCTION SUPERINTENDANT
MY LEADERSHIP EXPERIENCE ALLOWS ME TO WORK WITH OTHERS WHEN OPINIONS DIFFER.

Other relevant information (civic activities, memberships, etc.):
PRINCE HALL MASON, MEMBER OF MILLER COUNTY DEMOCRATIC COMMISSION

References: List the name and phone number of at least one Texarkana resident as a reference, especially any City staff, City Council, or current Committee members who may be contacted on your behalf.

Name: ANDERSON NEAL Phone Number: 501-425-0899

Interest: Explain why you are interested in being appointed to this board or commission.

I HAVE A VAST KNOWLEDGE OF COMMERCIAL AND RESIDENTIAL COMMUNITIES
AND HOW/IF THEY SHOULD INTERMINGLE.

Experience: Indicate what meeting(s) you have attended of the committee for which you wish to be considered.

I ATTENDED A MEETING SEVERAL YEARS AGO TO GET PERMISSION TO
BUILD THE STUCKEY CHILD CARE CENTERS. I WAS THE CONTRACTOR

Number of Texarkana, Arkansas Board of Directors Meetings you have attended in the past 12 months: 5

Please read the statement below and sign your name to indicate your understanding.

I UNDERSTAND MY ATTENDANCE WILL BE REQUIRED AT ALL COMMITTEE MEETINGS AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

Signature of Applicant: [Signature] Date Submitted: 2/29/2024

Return completed application to:
Heather Soyars, City Clerk
216 Walnut Street (or)
P O Box 2711
Texarkana TX 75504-2711
Phone 870-779-4995 or Fax 870-774-3170

City Clerk Stamp

CITY CLERK'S OFFICE
TEXARKANA, AR
MAR 01 2024
RECEIVED
By: [Signature]

Please Note: This application will be on file for one (1) year.