

TERRILL L. HILL
MAYOR-COMMISSIONER

TAMMIE McCASKILL
COMMISSIONER

WILL JONES
COMMISSIONER

JUSTIN R. CAMPBELL
COMMISSIONER

RUFUS J. BOROM
COMMISSIONER



DONALD E. HOLMES
CITY MANAGER

LOGAN B. BECKER
FINANCE DIRECTOR

JASON L. SHAW, SR
CHIEF, POLICE DEPT.

CHRIS TAYLOR
CHIEF, FIRE DEPT.

VALERIA BLAND THOMAS, ESQ.
INTERIM CITY ATTORNEY

SUNNI L. KRANTZ
ACTING CITY CLERK

Regular meeting 2nd and 4th Thursdays each month at 6:00 p.m.

CITY OF PALATKA ADVISORY BOARD APPLICATION

I wish to apply for appointment to the _____ Board.

I understand that, if appointed, I will serve in a volunteer capacity on this advisory board.

APPLICANT: _____ (Must be at least 18 yrs. old)

Residence _____ Phone: _____
(911 Address) _____ Fax: _____

Business Name _____ Phone: _____
& Address _____ Fax: _____

(City Residents or business/property owners will be given preference when board member residency is not specified by statute or city ordinance)

Preferred Mailing Address: _____

E-mail: _____ Daytime Phone: _____

PROFESSIONAL QUALIFICATIONS (include occupation - attach additional sheet if necessary)

OTHER COMMENTS OR INFORMATION:

In accord with F.S. 760.80(4) Please indicate the following:

Applicant's race: _____

Ethnicity: _____

Gender: _____

Physical disability, if any: _____

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PHONE: 386-329-0100

www.palatka-fl.gov

FAX: 386-329-0106

AGREEMENT: by filing this document, I agree and understand that this document becomes a part of the official records of the City of Palatka, and I hereby certify that all the information contained herein is true, to the best of my knowledge. I also understand that, if appointed, the State of Florida may require me to file a financial disclosure with the Putnam Co. Supervisor of Elections within thirty (30) days of my appointment, and each year thereafter, covering my term of appointment.

SIGNATURE OF APPLICANT

DATE

Applicants will be interviewed by the Palatka City Commission during regular public meetings.