



**CITY OF CLEWISTON, FLORIDA**  
**APPLICATION FOR**  
**CITIZEN BOARD APPOINTMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Committee/Board of interest to you:**

\_\_\_\_\_ Board of Building Commissioners

\_\_\_\_\_ Planning and Zoning Board

\_\_\_\_\_ Library Advisory Board

\_\_\_\_\_ Library Cooperative Advisory Board

\_\_\_\_\_ Municipal Golf Course Advisory  
Committee

\_\_\_\_\_ Community Redevelopment  
Advisory Board

\_\_\_\_\_ Parks, Recreation & Leisure Services  
Advisory Board

\_\_\_\_\_ Auditor Selection Committee

\_\_\_\_\_ Firefighter Pension Board

\_\_\_\_\_ Area Housing Commission of  
Clewiston, LaBelle and Hendry  
County

What experience or special training do you have which you feel particularly fits you for the appointment to this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please submit application to:**

**City of Clewiston, Florida**  
**115 West Ventura Avenue**  
**Clewiston, Florida 33440**  
**863/983-1484**