

CITY OF PEMBROKE PINES
INTERIM CITY COMMISSIONER FOR DISTRICT 4
APPLICATION FORM

This Application shall be subject to all of the terms, conditions, and provisions of City Commission Resolution No. 3860 adopted on April 17, 2024, attached hereto and made part hereof.

*Please return the **signed and completed Application form and a recent resume*** to: City of Pembroke Pines, City Clerk's Office, 601 City Center Way, Pembroke Pines, Florida 33025.*

***NOTE: YOUR RESUME MUST ACCOMPANY THIS APPLICATION IN ORDER FOR THE APPLICATION TO BE CONSIDERED BY THE CITY COMMISSION.**

Please type or use dark ink to complete this form.

Applicant Name _____

Occupation _____

Street Address _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

Length of Residence in District 4
(Applicant must be domiciled in the
District for one (1) year pursuant to
Section 3.02 (c) City Charter)

_____ Years

_____ Months

Are you a registered voter? _____ Pembroke Pines District No. _____ Precinct No. _____

Do you have any relatives employed by the City? _____ If yes, please state name(s):

Please provide a brief statement outlining why you wish to serve as Interim Commissioner for District 4.

Please describe in detail any and all previous experience in government.

I hereby certify that all statements made in this Application are true, correct and complete.

Applicant's Signature

Date