



**TOWN OF LANTANA  
CITIZEN BOARD MEMBER APPLICATION**

Please Print Clearly

|                           |                           |
|---------------------------|---------------------------|
| Name:                     | Place of Employment:      |
| Home Address:             | Work Address              |
|                           |                           |
|                           |                           |
| Daytime Telephone: (    ) | Evening Telephone: (    ) |

CITIZEN BOARD (Please check one)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Lantana Firefighters' Pension Fund Board of Trustees     |
| <input type="checkbox"/> | Lantana Police Relief and Pension Fund Board of Trustees |
| <input type="checkbox"/> | Town Planning Commission                                 |

Are you currently a registered voter in the Town of Lantana?    Yes    No

What experience and education would you contribute to the Board? \_\_\_\_\_

---

---

---

---

Why would you like to serve on this Board? \_\_\_\_\_

---

---

---

---

---

The following information is needed to facilitate Town reporting requirements per Florida Statute 760.80. Please check one in each category.

RACE

- |  |  |
|--|--|
| <input type="checkbox"/> African American  | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American    | <input type="checkbox"/> Caucasian       |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Not Known       |

GENDER

- |                                 |                               |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

PHYSICALLY DISABLED

- |                                    |                          |
|------------------------------------|--------------------------|
| <input type="checkbox"/> YES OR NO | <input type="checkbox"/> |
|------------------------------------|--------------------------|

I have read the Town Code of Ordinances sections for the particular citizen board/commission/committee I have selected above and noted the description of the board/commission/committee and its members' duties. Further, I have read the regulations concerning absences and conflicts of interest. I certify that the information is accurate and complete to my knowledge and belief. I understand that any falsification of material facts will be grounds for rejection of this application or dismissal after the appointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date