


# CITIZEN WORK GROUP APPLICATION HISTORIC PRESERVATION DISTRICTS

Please return to: Beth Perrine Tallahassee-Leon County Planning Department 300 South Adams Street, A-32 Tallahassee, Florida 32301	<i>Please be aware that this application is a public record.</i>	 CITY OF <b>TALLAHASSEE</b> Tallahassee-Leon County Planning Department Telephone: 850-891-6300
Name:		Date:
Work Phone:	Home Phone:	Email:
Occupation:		
Employer:		
<i>Please check box for preferred mailing address:</i> <input type="checkbox"/> Work Address: City/State/Zip:		
<input type="checkbox"/> Home Address: City/State/Zip:		
<i>The City of Tallahassee strives to ensure that all City Boards/ Committees are representative of the community's demographic makeup. Please check the appropriate boxes below:</i> Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other                      Gender: <input type="checkbox"/> Female <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Male Indicate if you will require any special accommodations: <input type="checkbox"/> Yes <input type="checkbox"/> No   Explain: _____		
This work group will be on an intense schedule. There will be at least four (4) meeting held from 6:00 pm – 8:00 pm on a weeknight. Please indicate if you are generally available during these times.  <input type="checkbox"/> Yes, I am generally available from 6:00 pm – 8:00 pm on weeknights <input type="checkbox"/> No, I am not generally available from 6:00 pm – 8:00 pm on weeknights.		
Are you a City Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a City property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of CONA? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Property Owner in Myers Park Area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of Tallahassee Trust of Historic Preservation? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a member of Florida Heritage Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a property designated on a Local, State or National Registry of Historic Properties? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Please provide biographical information about yourself (attach a resume, if available). Identify previous experience on other boards/committees; charitable/community activities; and skills or services you could contribute to this board/committee:

Education:

\_\_\_\_\_

(College/University attended)

\_\_\_\_\_

(Degree received, if applicable)

\_\_\_\_\_

(Graduate School attended)

\_\_\_\_\_

(Degree received, if applicable)

References (at least one):

Name:

Phone:

Address:

References (at least one):

Name:

Phone:

Address:

References (at least one):

Name:

Phone:

Address:

All statements and information provided in this application are true to the best of my knowledge.

Signature: \_\_\_\_\_  
(Typed name is acceptable if returning this application by email)