



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3000 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Choose Board from drop-down list: Choose an item SUNRISE THEATRE ADVISORY BOARD

Name: <u>DELORES J. GARDNER</u>	Home Phone: <u>772-971-6168</u>
Home Address: <u>3050 SUNRISE BLVD, FP 34982</u>	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: <u>LOCKSMITH</u>	<u>deejayins@aol.com</u>
Do you own a business that operates within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business: <u>GARDNER LOCK SHOP</u> <u>2925 S. US HWY ONE</u> <u>FT PIERCE, FL 34982</u> <u>LOCKSMITH SERVICES</u>	
Do you now or in the future plan to do business with the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what capacity? <u>WE DO REGULAR LOCKSMITH SERVICES FOR ALL <del>DEPT</del></u> <u>DEPARTMENTS OF THE CITY &amp; HAVE DONE SO FOR YEARS.</u>	
Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the business and location: <u>ABOVE</u>	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Other: _____ Describe your education, background, training and knowledge in the above area(s):	
Are you currently a member of a Commission-appointed board/committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
Date: <u>4-8-14</u>	Referred by: <u>Delores Gardner</u>

Please return form to: City Clerk's Office - 100 North US Hwy 1, Fort Pierce, Florida 34950  
or via email at [lcoc@city-ftpierce.com](mailto:lcoc@city-ftpierce.com)