



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3066 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: \_\_\_\_\_

|  |   |
|--|---|
| Name: <b>MARCIA BAKER</b>  | Phone: <b>772-465-3718</b>                              |
| Home Address:<br>City/Zip Code: <b>1753 Seaway Drive</b>   | How long at this address? <b>28 YEARS</b>               |
| Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| Occupation:  |   |
| Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list the address and nature of said business:   |   |
| Do you now or in the future plan to do business with the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, in what capacity?   |   |
| Are you employed by a business that is located within the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, state the business and location:<br><b>RAINS INSURANCE 204 NORTH 2ND ST FT PIERCE</b>  |   |
| Do you have special training or knowledge in the area of:<br>Architecture: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Real Estate Brokering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Contracting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Land Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Other:<br>Describe your education, background, training and knowledge in the above area(s):<br><b>REAL ESTATE BROKER + LAND DEVELOPER FOR 28 YEARS<br/>INSURANCE AGENT FOR 30 YEARS</b> |   |
| Are you currently a member of a Commission-appointed board/committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please specify:   |   |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, what was the nature of the crime(s) you were convicted of:  |   |
| Referred by:   | Applicant Email Address: <b>MS. MARLIABAKER@ATT.NET</b> |
| Date: <b>8/8/2017</b>  | Applicant's Signature: <b>Marcia Baker</b>              |

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950  
fax (772) 467-3841 or via email at lcox@city-ftpierce.com