



# CITY OF FORT PIERCE

100 NORTH US HWY 1  
FORT PIERCE, FLORIDA 34950  
(772) 467-3065 FAX (772) 467-3841

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO FPUA

(City Residency Required)

Name:	Phone:
Home Address:	How long at this address?
City/Zip Code:	
Are you a qualified elector of the City of Fort Pierce? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation:	Employer Name:
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the address and nature of said business:	
Do you now or in the future plan to do business with or have a business relationship with FPUA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in detail outlining any businesses or matters deemed appropriate.	
Describe your professional background and what expertise you will bring to the FPUA Board. Feel free to attach your curriculum vitae (CV) or other applicable information.	
Do you have special training or knowledge in any of the following areas: Utilities: <input type="checkbox"/> Yes <input type="checkbox"/> No    Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No    Contracting/Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Legal: <input type="checkbox"/> Yes <input type="checkbox"/> No    Management: <input type="checkbox"/> Yes <input type="checkbox"/> No    Finance/Accounting: <input type="checkbox"/> Yes <input type="checkbox"/> No Describe your education and background in any of the above areas:	
Are you currently a member of a Commission-appointed board or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the nature of the crime(s) you were convicted of:	
If appointed, are you willing to attend a training session which could last at least 5 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by:	Applicant Email Address:
Date:	Applicant's Signature

**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](mailto:lcox@city-ftpierce.com)