



# CITY OF FORT PIERCE

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

## APPLICATION FOR APPOINTMENT/REAPPOINTMENT

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

Name: Stanley D. Silver		Phone: 772 971-1111	
Home Address: 7700 Wexford Way, Port St. Lucie, FL 34986		How long at this address? 17 years	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation: Retired			
Do you own a business that operates within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" 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 the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, in what capacity?			
Are you employed by a business that is located within the City of Fort Pierce? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, state the business and location:			
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: Theatre Management Describe your education, background, training and knowledge in the above area(s): General/Company Manager Non-Profit Theatres and Broadway/Off-Bway Shows			
Are you currently a member of a Commission-appointed board/committee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: Sunrise Theatre Advisory Board			
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:			
Referred by:		Email Address:	
Date: 3/19/19	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) 468-3841 or via email at lcox@city-ftpierce.com