



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: Richard F. Albosta | | Phone: 973 216-8749 |
| Home Address: 1028 Windward Drive | | How long at this address? 5 years. 25 years of residential ownership in Ft. Pierce, Fl. Florida resident since 1998. |
| City/Zip Code: Fort Pierce, Florida 34949 | | |
| Are you a qualified elector of the City of Fort Pierce? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Occupation: Executive/Consultant | | Employer Name: Self Employed |
| Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you now or in the future plan to do business with or have a business relationship with FPUA? If yes, please describe in detail outlining any businesses or matters deemed appropriate. | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 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. (See CV attached) | | |
| Do you have special training or knowledge in any of the following areas: Utilities: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Contracting/Development: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Legal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Management: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Finance/Accounting: <input checked="" 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? If yes, please specify: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If appointed, are you willing to attend a training session which could last at least 5 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Referred by: | | Applicant Email Address: ralbosta@O-hold.com |
| Date: July 23, 2020 | Applicant's Signature <i>R.F. Albosta</i> | |

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