

Print

Application For Appointment/Reappointment - Submission #22587

Date Submitted: 7/22/2024

Name of Board or Boards for which you are applying:*

FT. Pierce Utilities Authority

Name:*

Robert Burdge

Home Address:*

4204 Birkdale Drive

City:*

Fort Pierce

State:*

Florida

Zip:*

34947

How long at this address?*

3 yrs

Telephone Number*

7724660032

If less than two years, provide prior address:

1302 Nobraska Ave 1-c...20 yrs...resident of Fort Pierce for 68 years.

Are you a citizen of the United States? *

Yes

No

Occupation: *

retired

Employer:*

former school Board teacher 35.5 yrs

Do you own a business that operates within the City of Fort Pierce?*

Yes

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 or the Fort Pierce Utilities Authority(FPUA)?*

Yes

No

If yes, in which organization and in what capacity?

customer of U. A.

Are you employed by a business that is located within the City of Fort Pierce?*

Yes

No

If yes, state the business and location:

Do you have special training or knowledge in the area of:

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finanace/Accounting:*

Yes

No

Contracting:*

Yes

No

Land Development:*

Yes

No

Utilities:

Yes

No

Management:*

Yes

No

Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) *

Former Ft. Pierce City Commissioner 1988-1996.. Teacher for 35.5 yrs. Former member and "Chairman of St. Lucie Fire District. Education-Bachelor of Arts Degree. Member and Chairman of Planning Board

Are you currently a member of a Commission-appointed board/committee?*

Yes

No

If yes, please specify:

Current member of Keep Fort Pierce Beautiful... Parks Committee, Infrastructure surtax committee, Police community advisory Board

Have you ever been convicted of a felony?*

Yes

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 several hours?*

Yes

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.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email lcox@cityoffortpierce.com.

Upload Resume (Optional)

 No file chosen