

Print

Application For Appointment/Reappointment - Submission #22555

Date Submitted: 6/12/2024

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

FPRA Community Redevelopment Committee

Name:*

Dale van der Lugt

Home Address:*

6020 Indrio Rd i7

City:*

Fort Pierce

State:*

FL

Zip:*

34951

How long at this address?*

24 years

Telephone Number*

772-713-5067

If less than two years, provide prior address:

Are you a citizen of the United States? *



Yes



No

Occupation: *

Administrative Assistant / Bookkeeper / HR

Employer:*

Savanna Concierge LLC

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:

I am employed by Savanna Concierge LLC with a business address of 117 Orange Ave Fort Pierce, FL 34950

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?

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

Yes

No

If yes, state the business and location:

I am employed by Savanna Concierge LLC with a business address of 117 Orange Ave Fort Pierce, FL 34950

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

Engineering:*

Yes

No

Architecture:*

Yes

No

Real Estate Brokering:*

Yes

No

Finance/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) *

I was a Manager and District Manager for a large corporation in the past and was also a business owner in Downtown Fort Pierce for 5 years. Currently, I represent multiple companies within the FPRA district as a bookkeeper and administrator.

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

Yes

No

If yes, please specify:

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