

Print

Application For Appointment/Reappointment - Submission #23641

Date Submitted: 2/11/2025

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

Fort Pierce Redevelopment Agency

Name:*

Doug Miller

Home Address:*

317 Orange Ave

City:*

Fort Pierce

State:*

FL

Zip:*

34950

How long at this address?*

30

Telephone Number*

772-489-3977

If less than two years, provide prior address:

Are you a citizen of the United States? *



Yes



No

Occupation: *

Owner

Employer:*

St. Lucie Battery & Tire

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:

317 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?

Not sure how to answer this question

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

Yes

No

If yes, state the business and location:

St. Lucie Battery & Tire, 317 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

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) *

As a local Fort Pierce resident and family business owner, striving to keep and improve Fort Pierce's overall lifestyle is very important to me and my company.

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