

Print

Application For Appointment/Reappointment - Submission #23204

Date Submitted: 10/3/2024

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

Affordable Housing Advisory Committee

Name:*

Leslie Olson

Home Address:*

1001 S 8TH ST

City:*

FORT PIERCE

State:*

FL

Zip:*

34950-9324

How long at this address?*

10

Telephone Number*

7728825811

If less than two years, provide prior address:

Are you a citizen of the United States? *

Yes

No

Occupation: *

Urban Planner

Employer:*

District Planning Group

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:

130 S Indian River Drive Ste 202 Fort Pierce Florida 34950 Urban and Policy Planning firm

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?

We provide consulting services to FPUA

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



Yes



No

If yes, state the business and location:

See above

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) *

As an Urban Planner with expertise in local issues, I'm committed to supporting my City with pro bono policy analysis through Board service

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

Yes

No

If yes, please specify:

AHAC

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