APPLICATION FOR APPOINTMENT TO VACANT CITY COMMISSION SEAT

| vacant Seat: Mayor Commissioner – District |
|--|
| Date Submitted: |
| 1. APPLICANT INFORMATION |
| Full Legal Name: |
| Residential Address (must be within the City of Key West): |
| |
| Mailing Address (if different): |
| |
| Phone Number: |
| Email Address: |
| Are you a registered voter in the State of Florida? ☐ Yes ☐ No |
| County of Registration (Monroe County if Key West address): |
| Length of continuous residency within the City of Key West (minimum 1 year required by Charter): |
| 2. ELIGIBILITY CERTIFICATION (KEY WEST CITY CHARTER §3.02) |
| ☐ I certify that I am a resident of the City of Key West. |
| ☐ I certify that I have resided in the City of Key West continuously for at least one year prior to qualification. |
| ☐ I certify that I am a registered voter in Monroe County, Florida. |
| ☐ I certify that I am qualified to hold public office under Florida law. |

| ☐ I certify that I am not currently disqualified under any provision of Florida Statutes, the Key West Charter, or City ordinances. |
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| 3. PROFESSIONAL AND CIVIC BACKGROUND |
| Current Occupation/Employer: |
| Relevant Professional Experience: |
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| Community Involvement / Volunteer Service in Key West: |
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| Prior Public Service (City Boards, Committees, or other governmental experience): |
| |
| 4. STATEMENT OF INTEREST |
| Explain why you are seeking appointment to the Key West City Commission and what qualifications or priorities you would bring: |
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| 5. POTENTIAL CONFLICTS OF INTEREST |
| Do you or any immediate family member have any financial, contractual, or organizational interests involving the City of Key West that could present a conflict? ☐ Yes ☐ No |
| If yes, please explain: |

| 6. REFERENCES | (Optional) | |
|---|-------------------------------|---|
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |
| West to verify this | information. | are true and complete. I authorize the City of Key Date: |
| Applicant Signature | e: | Date: |
| | CITY CLERI | K VERIFICATION |
| I,, the duly authorized City Clerk of Key | | |
| West, have reviewe | ed the eligibility of the app | licant listed above. |
| Based on City reco | rds, the applicant: | |
| ☐ Resides in Distri Affidavit. | ct V based on the review o | of their Florida Driver's License and Residency |
| ☐ Is a registered vo | oter in Monroe County, Flo | orida. |
| Clerk Signature: | | Date: |