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.

3. PROFESSIONAL AND CIVIC BACKGROUND

Current Occupation/Employer:

_____

Relevant Professional Experience:

_____

_____

_____

_____

Community Involvement / Volunteer Service in Key West:

_____

_____

_____

_____

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:

_____

_____

_____

_____

_____

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: _____

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APPLICANT CERTIFICATION AND SIGNATURE

I certify that all statements in this application are true and complete. I authorize the City of Key West to verify this information.

Applicant Signature: _____ Date: _____

CITY CLERK VERIFICATION

I, _____, the duly authorized City Clerk of Key West, have reviewed the eligibility of the applicant listed above.

Based on City records, the applicant:

☐ Resides in District V based on the review of their Florida Driver's License and Residency Affidavit.

☐ Is a registered voter in Monroe County, Florida.

Clerk Signature: _____ Date: _____