

CITY OF TEXARKANA, ARKANSAS

Application for Appointment to Citizen Advisory Board or Commission

(Please type or print clearly)

BOARD OR COMMISSION DESIRED (Please apply for one (1) board or commission per application.)

- | | |
|---|---|
| <input type="checkbox"/> Advertising & Promotion Commission | <input type="checkbox"/> Historical District Commission |
| <input type="checkbox"/> Airport Authority | <input checked="" type="checkbox"/> Library Board |
| <input type="checkbox"/> City Beautiful Commission | <input type="checkbox"/> Municipal Auditorium Project Advisory Commission |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Plumbing Review Board |
| <input type="checkbox"/> Electrical Review Board | <input type="checkbox"/> SWAWIB-Southwest Arkansas Workforce Investment Board |
| <input type="checkbox"/> Heating & Air Conditioning Board of Review | <input type="checkbox"/> Other: |

CITY CLERK'S OFFICE
TEXARKANA, AR

FEB 10 2017

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By: JN

Name: Sarah Meredith Home Phone: (870) 773-5423

Address: 1901 Beech Texarkana Resident Yes No 30 Years

E-Mail Address: _____ Miller Co. Voter Registration No. _____

Employer: _____ Work Phone: _____

Position: _____

Education: _____ High School: _____

College: _____ High School: _____

Special knowledge or past experience qualifying you for this appointment: (Please feel free to attach resume):

Love of reading

Other relevant information (civic activities, memberships, etc.):

Library Commission

References: List the name and phone number of at least one Texarkana resident as a reference, especially any City staff, City Council, or current Committee members who may be contacted on your behalf.

Name: Ruth Davis Phone Number: (870) 773-1440

Interest: Explain why you are interested in being appointed to this board or commission.

Experience: Indicate what meeting(s) you have attended of the committee for which you wish to be considered.

Number of Texarkana, Arkansas Board of Directors Meetings you have attended in the past 12 months: 0

Please read the statement below and sign your name to indicate your understanding.
I UNDERSTAND MY ATTENDANCE WILL BE REQUIRED AT ALL COMMITTEE MEETINGS AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

Signature of Applicant: Sarah Meredith Date Submitted: _____

Return completed application to:
Patti Scott Grey, City Clerk
216 Walnut Street (or)
P O Box 2711
Texarkana TX 75504-2711
Phone 870-779-4995 or Fax 870-774-3170

City Clerk Stamp

**CITY CLERK'S OFFICE
TEXARKANA, AR**

JAN 29 2013

Please Note: This application will be on file for one (1) year.

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By: PSG