

file

CITY OF TEXARKANA, ARKANSAS

CITY CLERK'S OFFICE
TEXARKANA, AR

Application for Appointment to Citizen Advisory Board or Commission

(Please type or print clearly)

RECEIVED
FEB 09 2017
By: [Signature]

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 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 checked="" 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: _____ |

Name: Robert Johnson Home Phone: 870 653 4543

Address: 13138 ST Hwy 196 Texarkana Resident Yes No _____ Years

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

Employer: SELF Employed Work Phone: 903 748 4736

Position: MASTER PLUMBER

Education: _____ College: _____ High School: GEMOA Central High School

Special knowledge or past experience qualifying you for this appointment: (Please feel free to attach resume):
SELF Employment OWNER OF EXCEL Plumbing 7 years
Work For Precision Plumbing 12 years

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

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: PAUL JONES Phone Number: 903 949-4525

Interest: Explain why you are interested in being appointed to this board or commission.
Think it would be good Experience

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: _____

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: [Signature] Date Submitted: 7-2-13

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
JUL - 8 2013
By: [Signature]

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