CITY OF TEXARKANA, ARKANSAS

Application for Appointment to Citizen Advisory Board or Commission (Please type or print clearly)

Advertising & Promotion Commission	Historical District Commission
Airport Authority	Library Board
City Beautiful Commission	Municipal Auditorium Project Advisory Commission
Board of Adjustment	Planning Commission
Civil Service Commission	Plumbing Review Board
Electrical Review Board Heating & Air Conditioning Board of Review	SWAWIB–Southwest Arkansas Workforce Investment Board Other:
Preating & Air Conditioning Board of Neview	Other.
Name: KBY G (OK	Home Phone:
Address: 1106 DRAUGHN ST. AR 7185 exarkana Resident VYes No 5 Years	
E-Mail Address: MOX 13050 9M61 L. COM Miller Co. Voter Registration No.	
Employer: 3th-Employed)	Work Phone: 310930-8150
Position: Content or Bulder Owner	
Education: College:	High School: ARKANSAS High
Special knowledge or past experience qualifying you fo	or this appointment:
FUNTU YOURS EXPERIENCE IN build we field	
Other relevant information (civic activities, memberships, etc.):	
MONE	
1941.55.31	
Special knowledge or past experience qualifying you for this appointment (Please feel free to attach resume):	
Have Completed Numerous Construction jobs AND have possed All	
INSpectfulars complexing those job IN this Thursdama, HR willin.	
References: List the name and prone 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: MR. RONNIE KEILU Phone Number: 323 574-3 77	
Interest: Explain why you are interested in being appointed to this board or commission.	
KNOWLENGE ON Specific details regarding the local building tenders and blue print,	
Experience: Indicate what meeting(s) you have attended of the committee for which you wish to be considered.	
I was grantelavaniance by	I THE Committee and attended that meeting
AST YEAD	1
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 I INFORMATION PROVIDED ABOVE IS TRUE AND C	REQUIRED AT ALL COMMITTEE MEETINGS AND THE
INFORMATION PROVIDED ABOVE IS TRUE AND C	ORRECT.
Signature of Applicant:	Date Submitted: 5/2/2016
8 /	CHATTAGE SHOWS OFFICE
Return completed application to:	TEXARKANA, AR
City Clerk	
216 Walnut Street (or) P O Box 2711	
Texarkana TX 75504-2711	MAY 0 2 2016
Phone 870-779-4995 or Fax 870-774-3170	n) Wans
	HECEIVEL
Please Note: This application will be on file for one (1)	year. By: ///)
G:\WORD\FORMS\BOARD & COMMISSION APPLICATION.DOC	LAST REVISED: 02202014