



6601 Main Street  
Miami Lakes, FL 33014  
P: 305-364-6100 F: 305-558-8511  
www.miamilakes-fl.gov

# Committee Member Application Form

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The Town of Miami Lakes is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted Advisory Board, Committee, and Task Force applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

Please return signed and completed application form to:  
Town of Miami Lakes, 6601 Main Street, Miami Lakes, FL 33014  
Attn.: Gina Inguanzo, Town Clerk | clerk@miamilakes-fl.gov

## APPLICANT'S INFORMATION

Last Name	First Name	Middle Initial	
Occupation			
Address			
City	State	Zip	
Mobile Phone	Home Phone	Work Phone	
E-Mail			
Length of Residence in Miami Lakes (if applicable)	_____ Years    Months	Length of Time of Business Miami Lakes (if applicable)	_____ Years    Months

On the questionnaire below, please select any category which may apply to you. Identity of the applicant is confidential and compliance is strictly voluntary. Information will be used solely to comply with the reporting requirements of Section 760.80, Florida Statutes.

- |  |                                    |  |
|--|------------------------------------|--|
| <b>Race</b>                                | <b>Gender</b>                      | <b>Disability</b>                            |
| <input type="checkbox"/> African-American  | <input type="checkbox"/> Male      | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Asian-American    | <input type="checkbox"/> Female    |  |
| <input type="checkbox"/> Hispanic-American | <input type="checkbox"/> Not Known |  |
| <input type="checkbox"/> Native-American   |                                    |  |
| <input type="checkbox"/> Caucasian         |                                    |  |
| <input type="checkbox"/> Not Known         |                                    |  |



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# Committee Member Application Form

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Last Name

First Name

Middle Initial

**Please select the committee(s) you are interested in joining:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Blasting Advisory Board        | <input type="checkbox"/> Elderly Affairs Committee          | <input type="checkbox"/> Special Needs Committee           |
| <input type="checkbox"/> Cultural Affairs Committee     | <input type="checkbox"/> Neighborhood Improvement Committee | <input type="checkbox"/> Special Taxing District Committee |
| <input type="checkbox"/> Economic Development Committee | <input type="checkbox"/> Public Safety Committee            | <input type="checkbox"/> Youth Activities Task Force       |
| <input type="checkbox"/> Education Advisory Board       | <input type="checkbox"/> Planning & Zoning Board            | <input type="checkbox"/> Veterans Committee                |

Please note that some committees and its members are subject to criminal background checks. Per AO#07-01

Please tell us about yourself (education, profession, personal accomplishments, honors received, hobbies), list your experience relevant to the committee(s) you are applying for, and provide a brief statement outlining why you wish to serve on the committee(s) you have selected above.

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Signature of Applicant

Date

**Nomination Approved By:**

- |  |   |
|--|---|
| <input type="checkbox"/> Mayor Manny Cid             |   |
| <input type="checkbox"/> Vice Mayor Nelson Rodriguez | <input type="checkbox"/> Councilman Joshua Dieguez    |
| <input type="checkbox"/> Councilman Carlos Alvarez   | <input type="checkbox"/> Councilman Jeffrey Rodriguez |
| <input type="checkbox"/> Councilman Luis Collazo     | <input type="checkbox"/> Councilman Marilyn Ruano     |

Date of Appointment

Mayor/Council Signature