

## **Audit Committee Application**

Please note that all information provided on or with this form, unless exempt, becomes a public record and is subject to Chapter 119, F.S.

## **Contact Information**

First Name		Last Name
	Home Add	ress
Telephone Number		E-Mail Address
	Business Aa	Idwass
	Dusiness Au	uress
Business Telephone Number		Business E-Mail Address
	Qualificat	tions
I am a		Resident Business Owner Employee (City) Vendor (City) Registered Lobbyist (City) Advisory Board/Committee Member (City)  Name of Advisory Board/Committee
		Advisory Board/Committee Member (Other)
		Name of Advisory Board/Committee
Have you ever been found to have violated, or had a Ethics for public officers and employees, Palm Beac		ed against you alleging a violation of, the Florida Code of le of Ethics (or any other ethics code)?  Yes

## Qualifications

(Continued)

What experience do you have, including certifications and/or licenses, that would contribute to your service on the Audit		
Committee? Please attach your resume.		
Please explain why you wish to serve as an Audit Committee member?		
Certifications		
I certify that all statements and information provided in this application are	a true complete and correct to the heat of my	
knowledge and belief, and are made in good faith.	e true, complete, and correct to the best of my	
knowledge and benef, and are made in good fami.		
I further certify that I am both willing and able to make the considerable tin		
Audit Committee meetings and any other applicable functions necessary to	tunction as an effective member of the Audit	
Committee.		
Signature	Date	