



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

_____	_____
<i>First Name</i>	<i>Last Name</i>

<i>Home Address</i>	
_____	_____
<i>Telephone Number</i>	<i>E-Mail Address</i>

<i>Business Address</i>	
_____	_____
<i>Business Telephone Number</i>	<i>Business E-Mail Address</i>

Qualifications

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 complaint filed against you alleging a violation of, the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

- Yes
- No

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 true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I further certify that I am both willing and able to make the considerable time commitment, including personal attendance at Audit Committee meetings and any other applicable functions necessary to function as an effective member of the Audit Committee.

Signature

Date