



**LITTLE HAITI REVITALIZATION TRUST
BOARD OF DIRECTORS APPLICATION**

Name: _____ Email/Phone: _____

Home Address: _____
(Street/City/Zip Code)

Business/Employer: _____ Email/Phone: _____

Business Address: _____
(Street/City/Zip Code)

CITY CODE SECTION 12.5-44(C)(5) STATES THAT NO EMPLOYEE OF MIAMI-DADE COUNTY OR ANY MUNICIPALITY OTHER THAN CITY EMPLOYEES SHALL SERVE ON OR BE APPOINTED TO THE LITTLE HAITI TRUST.

YES NO

ARE YOU AN EMPLOYEE OF MIAMI-DADE COUNTY OR ANY OTHER MUNICIPALITY? _____

Please provide the following information in the space provided and attach a résumé.

EDUCATION: _____

WORK EXPERIENCE: _____

ORGANIZATIONS AND COMMUNITY ACTIVITIES: _____

Signature _____
Date

SUBMIT COMPLETED FORMS TO:

City Clerk's Office, Miami City Hall, 3500 Pan American Drive, Miami, Florida, 33133

Unless noted as "Florida Statute 119 Exempt", all information submitted is considered public record. The Florida Public Records Act (FPRA) requires the City to make all public records available for inspection and to provide copies upon request.