

APPLICATION FOR APPOINTMENT TO CITY BOARD, COMMISSION OR COMMITTEE

City of Lake Wales, City Clerk's Office, P.O. Box 1320, Lake Wales, FL 33859-1320

Board/Commission/Committee Public Works & Zoning

Applying for:		Yes	Yes	No		Yes	No
<input checked="" type="checkbox"/> reappointment	City Resident?	<input checked="" type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/>	City Business Tax?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> new appointment	Registered Voter?	Yes, Florida	Yes, Other	No	Own Property in City?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Name <u>CHRISTOPHER LUTON</u>	
Home Address <u>437 S. 9th ST</u>	Home Phone <u>863 632 2987</u>
Business Address	Business Phone
Employer <u>MOUNTAIN LAKE</u>	Occupation/Type of Business <u>FACILITY MANAGER</u>
If applicant is not a city resident or does not pay business tax to city, please provide physical address of property owned within the city limits.	

Special knowledge or experience applicable to function of board/commission/committee

30 years on BOARD AND COMMITTEE CITIZEN

CONSTRUCTION MANAGEMENT FOR 35+ YEARS

Other community involvement	<p>Fla. Statute 760.80 requires the City of Lake Wales to maintain and report the following information:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Race/Ethnicity African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/> </td> <td style="width: 50%;"> Gender Male <input type="checkbox"/> Female <input type="checkbox"/> </td> </tr> <tr> <td colspan="2"> Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>	Race/Ethnicity African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Caucasian <input checked="" type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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Physically Disabled? Yes <input type="checkbox"/> No <input type="checkbox"/>					

I understand that I may be required to complete a Financial Disclosure Form in accordance with the requirements of Florida Law for every year during which I serve as an appointee. I further understand that refusal to file a required Financial Disclosure will result in my removal from the board/commission/committee to which I have been appointed.

CL
applicant initials

Have you ever been convicted of a felony? <input type="checkbox"/> Yes If yes, please explain on separate paper and attach to application. <input checked="" type="checkbox"/> No	<p style="font-size: 2em; text-align: center;"><u>CL</u></p> applicant-signature						
List 3 references who reside in the city:	<p style="font-size: 1.5em; text-align: center;"><u>9/1/2020</u></p> date						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">name</td> <td>phone</td> </tr> <tr> <td>name</td> <td>phone</td> </tr> <tr> <td>name</td> <td>phone</td> </tr> </table> Contact City Clerk's Office to schedule appointment with board chairman and board support staff.	name	phone	name	phone	name	phone	If the applicant is not appointed at the next City Commission meeting scheduled for the purpose of making appointments, this application will be retained on file for 6 months. e-mail <u>WSTDKNIGHT@gmail.com</u>
name	phone						
name	phone						
name	phone						