



CITY OF MIAMI, FLORIDA
OVERTOWN COMMUNITY OVERSIGHT BOARD
NOMINATION FORM FOR APPOINTED MEMBERS

To be completed by the **RECOMMENDER** and to be submitted by 4:00 P.M. on **FRIDAY, AUGUST 17, 2018** to the office of the **OVERTOWN NEIGHBORHOOD ENHANCEMENT TEAM (N.E.T.)**, at 1490 N.W. 3RD AVENUE, Suite 112-B; the office of the **DISTRICT 5 COMMISSIONER** at 3500 PAN AMERICAN DRIVE or the **OFFICE OF THE CITY CLERK** at 3500 PAN AMERICAN DRIVE. Note: A person may recommend himself/herself.

- A. I nominate Tramitrus Austin-Swirdk for appointment to the Overtown Community Oversight Board. He/she meets the eligibility requirements because he/she is **18** years of age and also meets one or more of the following qualifications:
1. **Resides** in the Overtown Area at Town Park Plaza North or
 2. Is the current **owner of property** in the Overtown Area located at:
1999 NW 5th Pl apt #15 miami FL 33136 or
 3. Is an **employee** or **board member** of _____ community development corporation or community based organization located in and provides services to the Overtown Area, at the address _____, or
 4. **Owens** or is an **employee** of a business in the Overtown Area located at: _____
 5. Nominee's Info: Phone number _____ Cell phone 786 587 5610
Fax number _____ E-mail mslady@miamidade.gov

B. Please provide a short statement of qualifications of the person you are recommending for appointment:
I have known Tramitrus for several years she displays character and ambition that I find to be difficult to possess in people. She has worked for the clerk of court for over ten years. I think Tramitrus is a great role model and would be an asset to the community.

- C. Please provide **your** contact information for the purpose of clarifying the above and sign below
- Phone number _____ Cell phone 786 587 5610
 Fax number _____ E-mail mslady@miamidade.gov

D. Please sign here:
[Signature] Reverda Cunningham 8/7/18
 Signature Printed Name Date Signed

FOR OFFICIAL USE ONLY:			
RECOMMENDED PERSON'S ADDRESS INSIDE BOUNDARIES?	<input checked="" type="radio"/> Y	N	N/A
RECOMMEND PERSON MEETS AGE REQUIREMENTS	<input checked="" type="radio"/> Y	N	N/A
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED:			
ACCREDITED INSTITUTION INSIDE BOUNDARIES	Y	N	N/A

RECEIVED
 18 AUG - 7 PM 5:23
 CITY OF MIAMI
 DISTRICT 5