



**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. 3<sup>RD</sup> 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 KAMAU Fulger 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 \_\_\_\_\_ or
  2. Is the current **owner of property** in the Overtown Area located at: \_\_\_\_\_ 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:  
1490 N.W. 3<sup>rd</sup> AVE Miami FL 33136 suite 100
  5. Nominee's Info: Phone number 305-985-8685 Cell phone \_\_\_\_\_  
 Fax number \_\_\_\_\_ E-mail Drinkmorewaterboy@gmail.com

B. Please provide a short statement of qualifications of the person you are recommending for appointment:  
My reason why I would like to be apart of the board is to better educate the community. To help clarity the community more on whats going on and how we can provide the best services to people on a level that they understand. One on one and family participation.

- C. Please provide **your** contact information for the purpose of clarifying the above and sign below
- Phone number 305-985-8685 Cell phone \_\_\_\_\_  
 Fax number \_\_\_\_\_ E-mail Drinkmorewaterboy@gmail.com

D. Please sign here:  
Kamau Fulger KAMAU Fulger 8/7/18  
 Signature Printed Name Date Signed

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

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 CITY OF MIAMI, FL



**King Kamau**

**Marketing & Sales Representative**

*Bottled water, Bottleless Water Coolers, Water Filtration  
& Bagged Ice*

Ph. 305.985.8685

Fx. 305.513.5936

drinkmorewaterboy@gmail.com



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