



RECEIVED

**CITY OF MIAMI, FLORIDA**  
**OVERTOWN COMMUNITY OVERSIGHT BOARD** PM 2:30  
**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 Anitricie Joy McKinnis 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 236 nw 16th or \_\_\_\_\_
  2. Is the current owner of property in the Overtown Area located at: 236 nw 16th or \_\_\_\_\_
  3. Is an employee or board member of Overtown Advisory board community development corporation or community based organization located in and provides services to the Overtown Area, at the address \_\_\_\_\_, or \_\_\_\_\_
  4. Owns or is an employee of a business in the Overtown Area located at: 236 nw 16th Miami
  5. Nominee's Info: Phone number 786-486-3177 Cell phone \_\_\_\_\_  
 Fax number \_\_\_\_\_ E-mail Anitricie.Jay@comcast.com

B. Please provide a short statement of qualifications of the person you are recommending for appointment:

I am recommending my self, I enjoy working on this board, and enjoy working for my community to get problem solve, that my community can be in lighter on what is going on over town, my board i enjoy serving with on the term i had first and i will like to re-run for the over town advisory board. It is my heart to help my community

C. Please provide your contact information for the purpose of clarifying the above and sign below

Phone number 786-486-3177 Cell phone \_\_\_\_\_  
 Fax number \_\_\_\_\_ E-mail Anitricie.Jay@comcast.com

D. Please sign here:

Anitricie Joy McKinnis Signature Printed Name 8/7/18 Date Signed

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