



**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 Reginald C. Munnings 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 1000 N.W. Lane #1010 or MIAMI, FLA. 33136
  2. Is the current owner of property in the Overtown Area located at: N/A or \_\_\_\_\_
  3. Is an employee or board member of N/A 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: N/A
  5. Nominee's Info: Phone number 786-212-6489 Cell phone Same number  
 Fax number \_\_\_\_\_ E-mail Reginald.Munnings1622@comcast.net

B. Please provide a short statement of qualifications of the person you are recommending for appointment:  
Former OOB member for the past 8 or more years

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- C. Please provide your contact information for the purpose of clarifying the above and sign below
- Phone number \_\_\_\_\_ Cell phone 786-212-6489  
 Fax number \_\_\_\_\_ E-mail \_\_\_\_\_

D. Please sign here:  
Reginald C. Munnings Reginald C. Munnings 8/7/18  
 Signature Printed Name Date Signed

|  |                                    |       |
|--|------------------------------------|-------|
| <b>FOR OFFICIAL USE ONLY:</b>                          |                                    |       |
| 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: | <u>FL Driver's License</u>         |       |
| ACCREDITED INSTITUTION INSIDE BOUNDARIES               | <input type="radio"/> Y            | N N/A |