

## 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 <u>FRIDAY, AUGUST 17, 2018</u> 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.		inate for appointment to the Overtown Community Oversight Board. He/she the eligibility requirements because he/she is <b>18</b> years of age and also meets one or more of the following qualifications:								
	Resides in the Overtown Area at									
	3.									
	4.									
	5.	Nominee's Info:	Phone number Fax number		Cell p E-ma	hone		_ _ _		
B.	Please provide a short statement of qualifications of the person you are recommending for appointment:									
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C.	Please	e provide <b>vour</b> conta	act information for the purpose	of clarifying the a	ıbove	and sign	below			
			Phone number		Cell p	hone		_		
D.	Please	e sign here:								
Sign	ature		Printed Name		<del></del>		Date Signed	_		
REC REC	OMME OMME	ND PERSON MEE	ADDRESS INSIDE BOUNDA		Y Y	N N	N/A N/A			
RECOMMENDED PERSON'S PROOF OF QUALIFICATION SUBMITTED: ACCREDITED INSTITUTION INSIDE BOUNDARIES					Y	N	N/A	-		