

#### **CITY OF MIAMI, FLORIDA**

# OVERTOWN ADVISORY BOARD/OVERTOWN COMMUNITY OVERSIGHT BOARD NOMINATION FORM FOR ELECTED MEMBERS

To be completed by the NOMINATOR and to be submitted by 4:00 P.M. on <u>FRIDAY, AUGUST 12, 2016</u>, to the office of the OVERTOWN NEIGHBORHOOD ENHANCEMENT TEAM (N.E.T.) at <u>1490 N.W. 3<sup>RD</sup> AVENUE</u>, Suite <u>112-B</u>, or to the OFFICE OF THE CITY CLERK, at <u>3500 Pan American Drive</u>. NOTE: A person may vote for himself/herself.

A.	I,		, a qualified	voter for mer	nbers of th	e Overt	own Adv	risory Board/Overtown Community			
	Oversight Board (OAB/OCOB), hereby nominate as a candidate for election of membership of the OAB/OCOB. I am 18 years of age or older and as proof of my qualifications as an elector of the										
	membership of the <b>OAB/OCOB</b> . I am <b>18</b> years of age or older and as proof of my qualifications as an elector of the <b>OAB/OCOB</b> , I hereby submit my credentials as indicated below:										
	1. I	am a <b>resident</b> of the	•				or				
	2. I am the <b>current owner of property</b> in the Overtown Area located at										
	3. I	am an <b>employee</b> or b									
	C	community based org	anization located at								
	8	and providing services	in the Overtown A	rea, or							
	4. I	operate or am an em	ployee of a busines	s							
	i	n the Overtown Area	located at								
В.	I nom	ninate		to	serve on t	he Over	town Adv	visory Board/ Overtown Community			
Σ.	Oversi	ight Board. He/she m						age and also meets <b>one or more</b> of the			
	follow	ring qualifications:									
								or			
	2.	Is the current own	er of property in the	ne Overtown A				or			
	3.				f community development corporation or at,						
	4.	4. <b>Owns</b> or is an <b>employee</b> of a business in the Overtown Area located at									
	5. Nominee's Info: Phone number				Cell phone						
			Fax number			_ E-ma	il				
C.	Plea	se provide your conta						pelow			
				Cell phone E-mail							
			1 ax number			_ L-IIIa					
D.	Dlag	ase sign here:									
υ.	rica	ise sign here.									
Sig	nature		Printed Nam	ne		_	Date Signed				
		ICIAL USE ONLY:									
		E'S ADDRESS INSID E MEETS AGE REQU			Y Y	N N	N/A N/A				
		E'S PROOF OF QUA		FERRED:	I	IN	N/A				



## CITY OF MIAMI, FLORIDA <u>OVERTOWN COMMUNITY OVERSIGHT BOARD</u>

## NOMINATION FORM FOR APPOINTED YOUTH MEMBERS

To be completed by the RECOMMENDER and to be submitted by 4:00 P.M. on <u>FRIDAY, AUGUST 19, 2016</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.	I nominate for appointment as youth member of the Overtown Community Oversight Board. He/she meets the eligibility requirements because he/she is more than <b>14</b> years of age and less than <b>19</b> years of age and also meets <b>both</b> of the following qualifications:									
	1.		; and							
	2.	Attends an accred Overtown Area loc	ited educational in ated at the address	stitution			in the			
	3.	Nominee's Info:	Phone number Fax Number		Cell p E-ma	ohone il				
В.	Pleas	e provide a short sta	tement of qualificati	ons of the person you	are recommo	ending fo	or appointment:			
C.	Pleas	e provide <b>your</b> conta			Cell p	hone	below			
D.	Pleas	e sign here:								
Sig	nature			Printed Name			Date Signed			
RE RE	COMMI COMMI COMMI	CIAL USE ONLY: ENDED PERSON'S END PERSON MEE ENDED PERSON'S TED INSTITUTION	TS AGE REQUIRE PROOF OF QUAL	MENTS IFICATION SUBMIT	Y Y TED:	N N	N/A N/A			



#### 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 19, 2016</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 hirements because he/she is 18 years of age and also meets one or more of the following qualifications:									
		1. <b>Resides</b> in the Overtown Area at										
	3.	or community development to the Overtown Area, at the address										
	4.	. <b>Owns</b> or is an <b>employee</b> of a business in the Overtown Area located at:										
	5.	Nominee's Info:	Phone number Fax number		Cell p E-mai	hone						
B. Please provide a short statement of qualifications of the person you are recommending for appointment:												
	_											
C.	Please	e provide <b>your</b> conta	ct information for the purpose									
			Phone number Fax number									
D.	Please	e sign here:										
Signature			Printed Name		<del></del>		Date Signed					
REC REC	OMME OMME	ND PERSON MEE	ADDRESS INSIDE BOUNDA		Y Y	N N	N/A N/A					
			PROOF OF QUALIFICATIO INSIDE BOUNDARIES		Y	N	N/A					