

**CITY OF KISSIMMEE
COMMUNITY REDEVELOPMENT AGENCY
BOARD MEMBER APPLICATION**

(Please print or type all information)

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Telephone () _____

Employment: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Business Telephone () _____

Are you a resident of the Community Redevelopment District? () Yes () No

Are you engaged in a business (owning a business, practicing a profession, or performing a service for compensation, or serving as an officer or director of a corporation or other business entity so engaged), within the area of operation of the Community Redevelopment Agency. () Yes () No

If so explain briefly: _____

QUALIFICATIONS/EXPERIENCE (A resume may be attached):

About the CRA

- 7 members appointed by City Commission for 4-year terms
- Governing board for redevelopment district
- Meets 4th Monday of the month at 6 p.m.
- Gail Hamilton, CRA Director, 407-518-2544

PLEASE MAIL TO:
City of Kissimmee, CRA Office
101 N. Church Street
Kissimmee, FL 34741
or e-mail kgrieb@kissimmee.org
For questions call 407-518-2544