



CITY OF ELIZABETH CITY

Application for Board, Committee or Commission Appointment

PLEASE NOTE: This application is a public record under North Carolina law and will be shared with third parties upon request and without notice. If there is any information you do not want released to the public, please do not include it.

Is this application for appointment _____ or reappointment? _____

PLEASE TYPE OR PRINT CLEARLY:

1. Personal Information:

Name: _____

Mailing Address: _____ Email: _____

City and State _____ Zip Code _____

Telephone: Home: _____ Cell: _____ Business: _____

*Sex: _____ *Race: _____ *Age: _____

**This information is requested for the sole purpose of assuring that a cross-section of individuals is appointed to serve our community.*

Employed By: _____ Current Position: _____

2. Where do you reside?

In Elizabeth City's City Limits? _____ If so, which Ward? _____

In Elizabeth City's Extraterritorial Jurisdiction (ETJ)? _____

In Pasquotank County outside Elizabeth City's ETJ? _____

3. Are you currently serving on another board, committee or commission appointed by the City of Elizabeth City? If so, please identify:

PLEASE NOTE: No resident of the City of Elizabeth City may serve in more than two appointed positions at one time in City of Elizabeth City government, unless exempted by nature of the position he or she may hold in governmental service.

4. If you previously served on a City board, committee or commission, did you fulfill your term to completion? _____

5. Please indicate by number your order of preference in serving on the following boards, committees or commissions:

- | | |
|---|--|
| <input type="checkbox"/> Alcoholic Beverage Control Board | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> EC/PC Airport Authority | <input type="checkbox"/> Personnel Appeals Committee |
| <input type="checkbox"/> Board of Adjustment | <input type="checkbox"/> Parks and Recreation Advisory Board |
| <input type="checkbox"/> Community Relations Commission | <input type="checkbox"/> Senior Citizen Advisory Committee |
| <input type="checkbox"/> Elizabeth City Housing Authority | <input type="checkbox"/> Storm Water Advisory Board |
| <input type="checkbox"/> Historic Preservation Commission | <input type="checkbox"/> Tourism Development Authority |
| <input type="checkbox"/> Central Communication Advisory | <input type="checkbox"/> Urban Forestry Commission |
| <input type="checkbox"/> Joint Animal Control Board | |

6. List below any experience or qualifications you have that are relevant to the board/committee/commission for which you are applying. (Use additional sheet, if necessary.)

Applicant Statement:

I understand that I am applying for appointment to a board, committee or commission for the City of Elizabeth City; that I will be required to take an oath of office to uphold the constitutions of the United States and North Carolina and the laws of the same, if appointed; that I will be required to meet the attendance and training requirements of the City if I am appointed, and may be removed from office for failure to meet attendance requirements; that for members of those boards, commissions or committees established by the City Council as requiring annual disclosure, completion of the City's General Disclosure Form, required by Section 2-114 of the City's Code of Ethics Conflict of Interest Ordinance shall be completed by February 1 of each year; and that my application will remain on file for consideration for a period of three (3) years, after which time I will need to file a new application. I agree to comply at all times with all requirements of the office for which I am applying.

By my signature below, I hereby certify that all the information contained herein is true to the best of my knowledge and belief.

Date: _____ Signature: _____

PLEASE SUBMIT THIS APPLICATION TO:
City Clerk's Office
P. O. Box 347
Elizabeth City, NC 27909
Fax: (252) 337-6956
Phone: (252) 337-6955
Email: vwhite@cityofec.com

OFFICE USE ONLY
Residence: <input type="checkbox"/> Inside <input type="checkbox"/> ETJ <input type="checkbox"/> County
Appointed: _____
Term: _____
Date: _____