

DATE _____

Brian Mosier, Director
Neighborhoods Department
214 North Hogan Street, 7th Floor
Jacksonville, Florida 32202

STAFF USE ONLY(date & initial)	
Received	_____
Review	_____
3 mtgs. (dates)	_____
_____	_____
Directory	_____
Verify	_____
Approve	_____
Ltr.MO	_____
D-base	_____
Appoint	_____
File	_____

RE: CITIZENS PLANNING ADVISORY COMMITTEE (CPAC) DISTRICT # _____

Dear Ms. Burch,

The _____ would like to nominate representatives to the
ORGANIZATION/ASSOCIATION/BUSINESS

Citizens Planning Advisory Committee in our planning district. It is our understanding that the CPACs were created by Executive Order to obtain representation on neighborhood and community issues from a variety of organizations within the community. We understand the criteria are:

- Organization must be registered on the Directory of Neighborhoods
- Each nominee must attend three consecutive meetings prior to appointment
- Each nominee must be approved by the Mayor.

The individuals named below have been selected by our organization as our representatives and we respectfully request they be appointed by the mayor to serve on the above-referenced CPAC. In the event

_____ cannot attend any given meeting, we also request
PRIMARY REPRESENTATIVE

_____ be appointed as alternate, so we may have continued
ALTERNATE REPRESENTATIVE representation at all CPAC functions.

Nominee:

- Agrees to serve a minimum two-year term.
- Agrees to review the CPAC Executive Order and By-Laws
- Understands personal address and other information becomes public record
- Understands either the primary or alternate representative must attend each meeting or contact the Neighborhood Coordinator to request excused absences
- Understands both primary and alternate representatives may attend meetings. However, the organization has one vote.
- Understands three consecutive unexcused absences by the primary and alternate may result in the organization's removal as a CPAC member.

SIGNATURE (Must NOT be the primary or alternate representative)

PRINTED NAME OF NOMINATOR

TITLE IN THE ORGANIZATION

ORGANIZATION

PHONE NUMBER

E-MAIL

CELL PHONE NUMBER

SIGNATURE OF PRIMARY REPRESENTATIVE/NOMINEE

SIGNATURE OF ALTERNATE REPRESENTATIVE/NOMINEE

CITIZENS PLANNING ADVISORY COMMITTEE
Representative's Information

Planning District
1 2 3 4 5 6
Please circle one

X Primary Representative

Name: _____ Nickname (if preferred): _____

Address: _____ Zip: _____

Home phone: _____ Work (other): _____

Fax: _____ Email: _____

Organization represented: _____

Type of organization: _____

Year organization started: _____ Number of members: _____

Size of neighborhood (number of housing units): _____

Organization's top concerns:

(1) _____

(2) _____

(3) _____

What do you and your organization expect from the CPAC?

Your experience in this organization/offices held: _____

Other public service or volunteer experience:

Area(s) of special interest and/or subcommittee preference:

Planning District
1 2 3 4 5 6
Please circle one

CITIZENS PLANNING ADVISORY COMMITTEE
Representative's Information

 X Alternate Representative

Name: _____ Nickname (if preferred): _____

Address: _____ Zip: _____

Home phone: _____ Work (other): _____

Fax: _____ Email: _____

Organization represented: _____

Type of organization: _____

Year organization started: _____ Number of members: _____

Size of neighborhood (number of housing units): _____

Organization's top concerns:

(1) _____

(2) _____

(3) _____

What do you and your organization expect from the CPAC?

Your experience in this organization/offices held: _____

Other public service or volunteer experience:

Area(s) of special interest and/or subcommittee preference:
