



**City of Richmond, Virginia**  
**City Council**  
**Authorities, Boards, Commissions and Task Forces**  
**Reappointment Application**

(Please Print or Type)

Name of Authority, Board, Commission or Task Force:	
Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name:	First Name:
Home Street Address:	Home Telephone:
Home City, Zip Code:	Home Fax:
Personal E-Mail Address:	
Employer:	
Job Title:	How Long?
Business Street Address:	Business Telephone:
Business City, Zip Code:	Business Fax:
Business E-Mail Address:	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? Number of years?	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Signature: _____ Date: _____	
<i>(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge.)</i>	

**NOTE: This application is a public document.**

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[www.richmondgov.com/cityclerk](http://www.richmondgov.com/cityclerk)