From: <u>noreply@civicplus.com</u>

Sent: Monday, April 4, 2022 3:29 PM
To: <u>Ericka Burnett</u>; <u>Robyn Tice</u>

Subject: [EXTERNAL] Online Form Submittal: Application for Boards, Authorities,

and Commissions - City Council Appointment

THIS EMAIL IS FROM AN EXTERNAL EMAIL ACCOUNT

Application for Boards, Authorities, and Commissions - City Council Appointment

This application will be utilized in considering you for appointment to a City Council board, authority, or commission. Pursuant to Florida Statutes, Chapter 119, all information provided on or with this form becomes a public record and is subject to disclosure, unless otherwise exempted by law.

Completed applications will be kept on file for a period of one (1) year from the date received in the Office of the City Clerk.

It is necessary to contact a member of Council to obtain a nomination in order to be placed on the ballot for consideration. Please go to cityofpensacola.com/council for Council Member contact information. If you have any questions, contact the City Clerk's Office.

| (Section Break) Personal Information | | |
|---|---|--|
| | | |
| Home Address | 1415 North 8th Ave | |
| Business Address | 1400 Nth Davis Hwy Pensacola, FL 32503 | |
| To which address do you prefer we send correspondence regarding this application? | Home | |
| Preferred Contact Phone Number(s) | 8503900300 | |
| Email Address | tommylwj25@gmail.com | |
| Upload Resume (optional) | Field not completed. | |

| | (Section Break) |
|--|---|
| Details | |
| Are you a City resident? | Yes |
| If yes, which district? | 6 |
| If yes, how long have you been a City resident? | Over 22 years |
| Do you own property within the City limits? | Yes |
| Are you a registered voter in the city? | Yes |
| Board(s) of interest: | Opioid Abatement Funding Advisory Board |
| Please list the reasons for your interest in this position: | Having been a person who has had family members affected by the use of opioids and have seen the devastating effect it has had in our community, it would be an honor to serve in a capacity in which we can hopefully make a difference in the lives of so many being affected by this epidemic of drug use. |
| Do you currently serve on a board? | Yes |
| If yes, which board(s)? | I'm on the CAC for the TPO |
| Do you currently hold a public office? | No |
| If so, what office? | Field not completed. |
| Would you be willing to resign your current office for the appointment you now seek? | N/A |
| | (Section Break) |
| | rsity in selections of members of government information is required by Florida Statute 760.80 for some |
| Gender | Male |
| | |

| Race | African-American |
|--------------------------|-----------------------|
| Physically Disabled | No |
| | (Section Break) |
| Acknowledgement of Terms | I accept these terms. |

Email not displaying correctly? View it in your browser.