



APPLICATION FOR
Downtown Development Authority Board

*** * Filing deadline is 5:00 p.m., Friday, March 27, 2015 * ***

NAME: _____

HOME ADDRESS: _____

HOME TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

OCCUPATION/DBA: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE NUMBER: _____

"ELIGIBILITY REQUIREMENTS" FOR THE DOWNTOWN DEVELOPMENT AUTHORITY (DDA) BOARD

Each appointed member of the board, except any member from the governing body, shall reside, be a business lessee, or own real property in the downtown development district within the municipality in which the authority is located. C.R.S. 31-25-806(1)

For verification of eligibility requirements please contact Terry Andrews, City Clerk at
terry.andrews@cityofloveland.org.

Please describe the property that you own or lease, the business location, or the residence that qualifies you to apply for this board

ARE YOU CURRENTLY SERVING ON A BOARD/COMMISSION? YES NO
IF YES, WHICH BOARD/COMMISSION: _____

An individual may not serve on more than one board or commission at a time unless: 1) the member is the only qualified applicant for the position, or, 2) the member resigns his or her position on the first board or commission prior to or upon appointment to the second board or commission.

WHAT SPECIAL EDUCATION, SKILLS OR EXPERIENCE DO YOU BRING TO THE BOARD THAT CONTRIBUTES TO ITS MISSION?

WHAT DAYS, IF ANY, WOULD YOU BE UNABLE TO ATTEND REGULAR MEETINGS?

ARE YOU INVOLVED IN ANY ACTIVITIES THAT MIGHT CREATE A CONFLICT OF INTEREST?

YES NO

IF YES, EXPLAIN: _____

WHY DO YOU WANT TO BE A MEMBER OF THIS BOARD/COMMISSION?

PERSONAL REFERENCES (NOT RELATIVES) WHO CAN SPEAK TO YOUR QUALIFICATIONS TO SERVE:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

EMPLOYER	ADDRESS	DATES	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit my application for the position indicated and certify that I meet the "eligibility requirements". I understand that the City will verify information contained herein and may make other inquiries, which it deems appropriate to consideration of my application, and I consent to such inquiries.

Signature _____

Date _____

Submit application to: <mailto:rochelle.fernley@cityofloveland.org> or transmit by mail City Manager's Office, 500 East Third Street Ste 330, Loveland, CO 80537, or Fax (970) 962-2900.

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THE CITY OF LOVELAND DOES NOT DISCRIMINATE ON THE BASIS OF DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, RELIGION, AGE, NATIONAL ORIGIN, OR ANCESTRY IN THE ADMISSION, ACCESS OR APPOINTMENT TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.