



APPLICATION FOR LIVABLE CENTERS STRATEGIC ADVISORY BOARD

PLEASE TYPE OR PRINT CLEARLY

Name: _____

Address (Residence): _____ Mobile Phone: _____

Telephone No. (Residence): _____ (work): _____ (email): _____

Do you currently live or work in the area of the study (see map) _____ Yes _____ No

How long have you resided within the city limits of Fulshear? _____

Occupation: _____ (if retired, please indicate former occupation or profession.)

Education (High School): _____

(College(s) or Professional Certificate(s): _____

Professional and/or Community Activities: _____

Additional pertinent information/references: _____

Are you currently serving or have you served in the past on a City of Fulshear board/commission/committee?

_____ Yes _____ No

If yes, on which board(s), commission(s), committee(s) did you serve/are serving? _____

Are you available to meet during the day? _____ Yes _____ No

Comments: _____

Signature of Applicant (or Electronic Acknowledgment) _____ Date _____

Please return this form to:

Sharon Valiante
Director of Public Works

By mail at: P.O. Box 279
30603 FM 1093
Fulshear, Texas 77441

In person at:
30603 FM 1093
Fulshear, Texas 77441

Email:
svaliante@fulsheartexas.gov

CONFLICT OF INTEREST: Applicants should acknowledge any potential conflict of interest, to include current or past business contracts. Relatives or relations who do business with the City, or any potential condition that may be construed as a conflict of interest.