



CITY OF COCOA BEACH, FLORIDA

COMMISSION CANDIDATE'S BIOGRAPHICAL DATA

This form is designed to offer information to the residents about you - the Candidate. The information will be posted on the City's website (www.cityofcocoa-beach.com). Please submit complete form along with your photo to the City Clerk at the time of qualifying.

NAME: _____

ADDRESS: _____

PHONE #: _____ E-MAIL: _____
(Candidates may create an e-mail address to be used for the Election Campaign)

CANDIDATE FOR (Positions/Seat): _____

HAVE RESIDED IN THE CITY FOR (Number of Years): _____

ORIGINALLY FROM: _____

EDUCATION:

PROFESSIONAL
EXPERIENCE: _____

MEMBERSHIPS and AFFILIATIONS:

WHY DO YOU FEEL YOU ARE A GOOD CANDIDATE?

WHAT DO YOU LIKE ABOUT THE CITY?

WHAT WOULD YOU LIKE TO CHANGE ABOUT THE CITY?

OTHER INFORMATION:

DATE: _____ SIGNATURE: _____
