



CITY COMMISSION CANDIDATE FORM

First Name: _____

Last Name: _____

Phone Number: _____

Email: _____

Street Address: _____

Mailing Address: _____

Are you at least 18 years of age? YES NO

Are you a registered voter in the City of Anna Maria? YES NO

Have you been a resident of the City of Anna Maria for at least two years prior to this date? YES NO

Are you employed by the City of Anna Maria in any capacity? YES NO

Do you currently hold any governmental position? YES NO

If yes, what position do you hold? _____

Give two to three reasons why you wish to be considered for the Anna Maria City Commission.
Submit any supporting documentation to be reviewed.

Please return this form and any attachments to City Hall, 10005 Gulf Dr or P.O. Box 779, Anna Maria, FL 34216.

THANK YOU FOR YOUR INTEREST IN SERVING THE CITY OF ANNA MARIA.