

Board and Committee Membership Application

City of New Port Richey
5919 Main Street
New Port Richey, FL 34652
(727) 853-1016
www.citynpr.org



Applicant Information

Name Susie Saxe
Street Address 72 Emerald Bay Dr
City, State, Zip Oldsmar FL 34697
Home Phone 570-916-1939
Alternate Phone _____
E-Mail Address susiesaxe@hotmail.com
(attach copy of DL for residency verification)

Boards and Committees

Please describe why you are interested in serving on a board or committee for the City of New Port Richey:

I work at Richey Suncoast Theatre on Grand Blvd. As a cultural hub of NPR I would represent the theatre interest on this committee.

Please choose which board or committee you are interested in serving on:

- Cultural Affairs Committee (meets on the third Wednesday of each month)
- Environmental Committee (meets on the second Monday of each month)
- Firefighters Pension Board (meets on a quarterly basis)
- Flood Risk and Preparedness Public Information Committee (to be determined)
- Historic Preservation Board (to be determined)
- Land Development Review Board (meets on the fourth Thursday of the month)
- Library Advisory Board (meets on the fourth Monday of the month)
- Parks and Recreation Advisory Board (meets on the second Tuesday of the month)
- Police Pension Board (meets on the fourth Tuesday of the month)

Have you attended any meetings of the board or committee on which you want to serve?
 Yes No If yes, how many have you attended? 3

Previous Board or Committee Experience

Have you ever served on a board or committee with any governmental unit? If so, please describe:

No

Previous Volunteer or Community Service Experience

Summarize your previous volunteer or community service experience.

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Special Skills, Interests and/or Qualifications

Summarize special skills, interests and/or qualifications you possess which you feel would be beneficial to the board or committee you are applying for membership to.

People person
Big picture person
Advocate for the Arts

Employment/Experience

Job Title:	Employer:
Box Office Mgr	Richey Suncoast Theatre
Address Line 1:	Address Line 2:
6237 Grand Blvd	
City:	State:
New Port Richey	FL
Zip Code:	County:
34652	Pasco
Work Phone:	
727-842-6777	

Professional licenses held:

None

Previous employment or experience:

Na

Memberships in professional, civic organizations or government boards or committees:

None

Personal References

Please provide three (3) references other than relatives. List name, phone number and relationship to you.

Name (printed)	Phone Number	Relationship
Kim Brust	727-919-1429	employer
Daig Jones	727-366-8579	employer
Jess Glass	727-484-8120	co-worker

Eligibility Verification

To serve on the majority of the City's Boards or Committees you must either be a current resident of the city or own a business within the city limits, and a current registered voter. The qualifications to serve on the Flood Risk and Preparedness Public Information Committee and Historic Preservation Board are outlined in their specific ordinance located at https://library.municode.com/fl/new_port_richey/codes/code_of_ordinances. Please check all that apply.

- I currently live within the city limits.
- I am a registered voter in Florida
- I meet the qualifications to serve on the Flood Risk and Preparedness Public Information Committee

- I own a business within the city limits (attach copy of voter identification card)
- I meet the qualifications to serve on the Historic Preservation Board

Have you ever been convicted, pleaded guilty or no lo contendere to any criminal offense? (A yes answer to the above question does not automatically preclude you from being considered. The circumstances, timeframe and relevant factors are considered on an individual basis.)

Yes No

If yes, please explain (including date):

1998 misdemeanor

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board or Committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) Susie Saxe
Signature Susie M Saxe
Date 10/16/24

Selection Process

Once your application has been reviewed and your eligibility to serve has been verified, you will be contacted by the City Clerk to appear at an upcoming City Council meeting so that Council may address any questions they may have regarding your application.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return the completed form back to Judy Meyers, City Clerk, City of New Port Richey, 5919 Main Street, New Port Richey, Florida, 34652. You may also send it via e-mail to meyersj@cityofnewportrichey.org. If you have any questions or need any further information please contact the City Clerk's Office at (727) 853-1021.

FOR INTERNAL USE ONLY:

Date Application Received: _____

Type of Application: New Member Renewal