



City of Richmond, Virginia  
Public Art Commission

(Please Print or Type)

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other: _____	
Last Name: _____	First Name: _____
Home Street Address: _____	Home Telephone: _____
Home City, Zip Code: _____	Home Fax: _____
Personal E-Mail Address: _____	
Employer: _____	
Job Title: _____	How Long? _____
Business Street Address: _____	Business Telephone: _____
Business City, Zip Code: _____	Business Fax: _____
Business E-Mail Address: _____	
Is your place of employment located in the city of Richmond? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which county? _____	
Are you a city resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of years? _____
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide information on the nature of the contract.     	
Please list your educational background and/or other expertise or qualifications you will bring to the Public Art Commission:          	

**NOTE: This application is a public document.**



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List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Entity: \_\_\_\_\_  
Date(s) Served: \_\_\_\_\_ Office(s) Held: \_\_\_\_\_

Other community involvement:

**OPTIONAL**

Please list additional information you would like considered, or you may attach your resume or other information.

Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to the Public Art Commission?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)*

**NOTE: This application is a public document.**