



Board/Committee Member Application Form

The City of Hallandale Beach is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. Please be advised that all submitted Board and Committee applications are a public record and therefore subject to the disclosure provisions of Chapter 119 of the Florida Statutes.

Please return signed and completed application form to:

City of Hallandale Beach
400 South Federal Highway | Hallandale Beach, FL 33009 | Attn: City Clerk's Office
Email: cityclerkoffice@cohb.org

APPLICANT'S INFORMATION

LAST NAME: Markowitz-Lewis FIRST NAME: Susan
CONTACT NUMBER: 954-494-4960
EMAIL: SLewis512@aol.com
STREET ADDRESS: 512 Hibiscus Dr
CITY: Hallandale Bch ZIP: 33009
STATE: FL
OCCUPATION: Realtor

18 DEC 39 PM 3:30
CITY CLERK

If applicable, how long have you lived in Hallandale Beach?

46 years

VERIFICATION OF RESIDENCY:

(The following are required with application)

Driver's License (Required): ☒ Voter's Registration Card (Required): ☒

Verification of good standing with the City of Hallandale Beach: ☒
(No outstanding Liens, Taxes, Open Permits, Utility Balances, Code Cases, Pending Litigations).

On the questionnaire below, please select any category which may apply to you. Identity of the applicant is confidential and compliance is strictly **voluntary**. Information will be used solely to comply with the reporting requirements of Section 760.80, Florida Statutes.

PHYSICAL DISABILITY: ☐ Yes
☒ No

GENDER: ☒ Female
☐ Male

RACE: ☐ African-American
☐ Asian-American
☒ Caucasian

☐ Hispanic-American
☐ Native American
☐ Other

LAST NAME: Markowitz-Lewis FIRST NAME: Susan

Please choose your first, second, and third choices amongst the following Boards and Committees. If you are interested in only one, this should be indicated. (At any given time, board members may not serve on more than one board and one committee or on two boards or on two committees).

Committees:

- | | |
|--|--|
| <input type="checkbox"/> Beautification Advisory Board | <input type="checkbox"/> Parks & Recreation Advisory Board |
| <input type="checkbox"/> Charter Review Committee* | <input type="checkbox"/> Planning & Zoning Board** |
| <input type="checkbox"/> Civil Service Board* | <input type="checkbox"/> Police/Fire Pension Board |
| <input type="checkbox"/> Education Advisory Board* | <input type="checkbox"/> Public Transportation, Traffic and Parking Advisory Board |
| <input checked="" type="checkbox"/> Golden Isles Safe Neighborhood Advisory Board* | <input type="checkbox"/> Three Islands Safe Neighborhood Advisory Board* |
| <input type="checkbox"/> Historic Preservation Board* | <input checked="" type="checkbox"/> Unsafe Structures Board** |

*Required Member Qualification.

**Required Statement of Financial Interest (Form 1). The following Board/Committee members are required to disclose their Financial Interest annually: Planning & Zoning Advisory Board Members, Police and Fire Pension Board Members and Unsafe Structures Board.

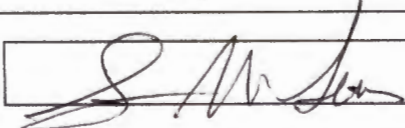
Please tell us about yourself (education, profession, personal accomplishments, honors received, hobbies), list your experience relevant to the Board(s)/Committee(s) you are applying for, and provide a brief statement outlining why you wish to serve on the Board(s)/Committee(s) you have selected above.

I have been on the Unsafe Structures Board for over 15 years and I'm not sure if I am still on the Board, but I would like to remain on the Board as the designated Realtor appointee. I have been a Broker for 34 years and a licensed professional for 34 years.

I was 2010 Realtor of the Year for the South Broward Board of Realtors and I am a Director on the BOD of same Board. I am active as a full time Realtor and have been for 35 years.

I would like to be reappointed to the Golden Isles Safe Neighborhood District. I was Chairman of the District for over 20 years and have never missed a meeting. I have lived in GI for 46 years and the Guard House location is dedicated in my Father's memory since he was part of the founding individuals of the District. I am dedicated to the safety of the District and care very much for my neighbors.

Signature of Applicant:



Date:

1-2-19

FOR OFFICIAL USE ONLY

☒ **Meets Requirements** ☐ **Does Not Meet Requirements**

☐ **Does Not Meet Qualifications** *(please choose reason below):*

☐ Experience/Background ☐ Education ☐ Residency

☐ **Good Standing with City:** ☐ Liens ☐ Taxes ☐ Utilities ☐ Code ☐ Litigation

Received By: C. Talmadge

Date: 1-7-19

Reviewed By: _____

Date: _____