

SCANNED

APR 20 2016



CITY MANAGER'S OFFICE

APPLICATION FOR APPOINTMENT TO BOARDS AND COMMISSIONS

NAME: Joseph Dingman WORK NUMBER: _____

ADDRESS: _____ HOME NUMBER: _____

E-mail Address _____

Spouse's Name (optional): _____

Resident of Farmers Branch 45 years. Registered Voter? Yes # _____ No

If less than 2 years: prior address _____ Length _____

Occupation: Financial Exec

Employer: self

Address: home

If any previous Board or Commission experience (in any City), state details:

TIF Boards

List memberships of any Civic Organizations:

List any particular qualifications which you think might be beneficial in serving on a board

Bought, Sold, Managed 20 MH SE Comm Tr. &

President of charitable housing operator

CHECK WHICH BOARD(S) YOU WOULD LIKE TO SERVE ON AND ORDER OF PREFERENCE: 762 units

_____ ANIMAL SHELTER ADVISORY COMMITTEE

_____ METROCREST HOSPITAL AUTHORITY

_____ LIBRARY BOARD

_____ PARKS AND RECREATION BOARD

_____ PLANNING AND ZONING COMMISSION

_____ SENIOR ADVISORY BOARD (MUST BE 55 YEARS OF AGE OR OLDER)

_____ ZONING BOARD OF ADJUSTMENT AND BUILDING CODE BOARD OF APPEALS

_____ HISTORICAL PRESERVATION AND RESTORATION BOARD

_____ INDUSTRIAL DEVELOPMENT CORPORATION

_____ HOUSING FINANCE CORPORATION

☒ VALWOOD IMPROVEMENT AUTHORITY (MUST BE LANDOWNER IN VALWOOD IMPROVEMENT DISTRICT) ?

_____ COMMUNITY WATCH COMMITTEE

_____ FAMILY ADVISORY BOARD

☒ OTHER Sustainability


4-26-14 Has agreed to provide deed ownership of taxable land within 30 days if appointed to Valwood Improvement.

PLEASE FEEL FREE TO CONTACT THE INDIVIDUAL CITY COUNCIL MEMBERS.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED AND REVIEWED THE CITY OF FARMERS BRANCH BOARD AND COMMISSION HANDBOOK. I ALSO UNDERSTAND AND ACKNOWLEDGE THAT FARMERS BRANCH CODE OF ORDINANCES §2-33 REQUIRES THAT I AGREE TO THE CITY PERFORMING A CRIMINAL HISTORY CHECK ON ME PRIOR TO MY APPOINTMENT TO A BOARD OR COMMISSION AND HEREBY GRANT MY CONSENT TO THE PERFORMANCE OF SAID CRIMINAL HISTORY CHECK. ALSO UNDERSTAND AND ACKNOWLEDGE THAT IF I AM APPOINTED TO A BOARD OR COMMISSION, THE TEXAS PUBLIC INFORMATION ACT (TEX.GOV'T. CODE §§552.001, ET.SEQ.) MAY REQUIRE THE CITY OF FARMERS BRANCH TO DISCLOSE PERSONAL INFORMATION IN ITS POSSESSION TO MEMBERS OF THE PUBLIC WHO MAKE WRITTEN REQUESTS FOR SUCH INFORMATION. I HEREBY DIRECT THAT THE CITY OF FARMERS BRANCH NOT DISCLOSE THE FOLLOWING PERSONAL INFORMATION ABOUT ME:

- (1) Home Address
- (2) Home Telephone Number
- (3) Social Security Number
- (4) Information that reveals whether I have family members

(Delete one or more of the above if you DO want to make the information subject to public disclosure on request.)



SIGNATURE

4/20/16
DATE

PLEASE USE OTHER SIDE FOR ADDITIONAL COMMENTS

This application will be held on file for one year