



CAPITAL IMPROVEMENTS ADVISORY COMMITTEE CANDIDATE Application

Name	Home Phone	
Home Address	Cell Phone:	
	E-Mail	
Business Address	Business Phone	
	Occupation	
Please check the industries below for which you have special knowledge and experience: <input type="checkbox"/> Real Estate <input type="checkbox"/> Development <input type="checkbox"/> Building <input type="checkbox"/> Other: _____	Resident of Killeen <input type="checkbox"/> No <input type="checkbox"/> ETJ <input type="checkbox"/> Yes: _____ Years	Are you related to the Mayor, any member of the City Council or City Manager? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain _____
Special knowledge, experience, or interest applicable to function of the committee:		
Other information (civic activities, etc.)		
List other boards, commissions, or committees (if any) on which you have served or are now serving, including the dates of service.		
Signature:	Date:	
	Updated:	

RETURN TO: CITY SECRETARY'S OFFICE

101 N. College St.
P. O. Box 1329
Killeen, Texas 76540

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