



**City Council Vacancy Application**  
(Please **print** clearly)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Length of Residency in Oldsmar:**  
\_\_\_\_\_

**Are you registered to vote in Oldsmar?**  
\_\_\_\_\_

**Voter Registration Date:** \_\_\_\_\_

**Reason you are interested in serving:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community activities/involvement:**

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**Applicable education, occupational, and specialized experience:**

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**Council members make recommendations and decisions that affect the entire community.**

1. Do you foresee possible conflicts of interest with any of your current employment or civic positions?       Yes (Please explain)       No

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2. When making recommendations and decisions do you feel you could be impartial and base your decision on the overall need and benefit of the Community?  
 Yes     No (Please explain)

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**Have you represented any other private person, group or entity for compensation before the City Council or any board/committee of the City within the last two years? \_\_\_\_\_**

**Do you, your spouse, or your employer have any financial interest, directly or indirectly, in any contracts with the City? \_\_\_\_\_**

**Are there any days or evenings you are unavailable to meet?**

Yes (*Please explain*)      No

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I hereby apply for appointment to the vacant City Council seat and file this statement of candidacy. I declare that I meet all requirements to hold said office and that I agree to serve if appointed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Note: Any information given on this application is subject to the Public Records Law of Florida**

**Form 6 - Statement of Financial Interests will need to be submitted.**

**APPLICATIONS MUST BE SUBMITTED TO THE OFFICE OF THE CITY CLERK  
NO LATER THAN 4:00 P.M. ON JANUARY 9, 2024.**

**Please return completed form and resume to:**

**[KGarcia@MyOldsmar.com](mailto:KGarcia@MyOldsmar.com)**

**City of Oldsmar  
Attn: City Clerk  
100 State Street W.  
Oldsmar, FL 34677  
813-854-1115**