



Please return completed application to:
 Karen Thompson, City Secretary
 100 East Main Street, Suite 300
 P.O. Box 589 (78691)
 Pflugerville, TX 78660
 By fax 990-4364
 By email to citysecretary@pflugervilletx.gov

**APPLICATION FOR APPOINTMENT TO THE
 H5 L 'F9-BJ9GHA9BH'NCB9 'BC "%f1 5 @ CB'DC-BH9 'HFNL'6 C5 F 8 'C: '8-F97 HCFG**

All information provided in this application is public information pursuant to the provisions of the Texas Public Information Act.

Vj g'Rhwi gtxkng'Eks 'Eqwpeki'cf qr vgf "cp'qtf kpcpeg'qp'F gego dgt'36.'4232'y j lej 'f guki pcvgf "Tgkpxguo gpv\ qpg'P q0Qpg."
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 yj g'Dqctf 'qh'F kgevqtu'qh'yj g'tgkpxguo gpv\ qpg'cpf 'yj g'Eks 'Eqwpeki'cr r tqxgu'yj g'cr r qkpw gpw0'

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 yj g' qpg=r tgr ctgu'cpf 'cf qr w'c'r tqlgv'r rcp'cpf 'c'tgkpxguo gpv\ qpg'hkpcpeki 'r rcp'ht' 'yj g' qpg=lo r ngo gpv'yj g'r tqlgv'
 r rcp'cpf 't'gkpxguo gpv\ qpg'hkpcpeki 'r rcp=gpvgtu'kpv'tgko dwtugo gpv'ci tggo gpw=cpf 'kuwgu'cz'kpetgo gpv'qdrki cvkq' dqp' u0
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Name: _____ Telephone: _____

Residential Address: _____

E-mail Address: _____ Alternate Telephone: _____

Resident of the City of Pflugerville for _____ years.

Are you are a registered voter of the City of Pflugerville? Yes No Voter Registration No. _____

Have you attended a meeting of the Falcon Pointe TIRZ Board? Yes No

Does any potential conflict of interest exist which may interfere/inhibit you from carrying out the duties of Falcon Pointe TIRZ Board Member? Yes No (If Yes, please explain.)

What special skill or knowledge would you bring to the Board of Directors?

What do you see as the primary role of the Falcon Pointe TIRZ Board?

What are your thoughts or philosophy on Pflugerville's growth and its future?

What do you feel are some of the factors, both positive and negative, which go into making a residential neighborhood a "good place to live?"

What do you feel are some factors, positive and negative, that contribute to a good commercial or industrial area?

Please provide any additional information you feel would be useful to the City Council in considering your application. Please use additional sheets as necessary. A cover letter and/or resume may also be submitted with the application.

By signing this application, I hereby affirm that I am aware of the requirements for the position and certify that I meet those requirements.

Applicant Signature: _____ Date: _____