



City of Kerrville
701 Main Street
Kerrville, Texas 78028
(830) 257-8000

Application for Consideration of Appointment

The Public Information Act (PIA) may allow for public review of this application upon request.

New Application Re-appointment Application

Name of Board or Committee:

Personal Information

Mr. Dr. Ms. Mrs. Esq. Other

Name: (Last) (First) (Middle)

Home Address: (Street)

Mailing Address:

Contact Information

Phone No. (home) (business)
Fax No. (home) (business)
E-MAIL Address (Optional):

Are you a qualified voter in the city of Kerrville? Yes No

Do you live inside the city limits of Kerrville? \* Yes No

How Long?

Employment

Employer: (Name/Address)

Occupation:

Business Address: Street City/State Zip Code

To the best of your knowledge, are you employed by, or a member of, any entity (business or non-profit) with proposals, programs, requests, businesses, applications, licenses or any other matters which may come before a board or commission for review, funding, support, or approval during the next two years? Yes No

If yes, please list the name of entity and interest:

**Education and Experience**

List most advanced degree received: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Volunteer Experience/Community Service: \_\_\_\_\_

\_\_\_\_\_

Please specify membership on any other governmental board/commission/committee:

\_\_\_\_\_

\_\_\_\_\_

**Board or Commission Interest**

Live in the city                       Work in the city                       Own a business in the city

Attend school within the city       Other significant interest \_\_\_\_\_

Have you ever been a member of a board or commission?     Yes             No

If yes, please specify: \_\_\_\_\_

_____ <i>Board/Commission</i>	_____ <i>Dates of Service</i>
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Have you attended a board or commission meeting in the past 12 months?

Yes       No

If yes, please specify: \_\_\_\_\_

Do you have any comments about your experience while serving?

\_\_\_\_\_

\_\_\_\_\_

In your opinion, what are the three most pressing issues facing your prospective board or commission?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe ways in which you have contributed to your community.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish by serving?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on your relevant skills or interests, in which of the following areas do you think you can contribute most?

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Arts/Culture    | <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Consumer Affairs | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Education/Youth | <input type="checkbox"/> Environment    | <input type="checkbox"/> Health           | <input type="checkbox"/> Housing              |
| <input type="checkbox"/> Landmarks       | <input type="checkbox"/> Land Use       | <input type="checkbox"/> Urban Planning   | <input type="checkbox"/> Parks/Recreation     |
| <input type="checkbox"/> Public Safety   | <input type="checkbox"/> Sanitation     | <input type="checkbox"/> Seniors          | <input type="checkbox"/> Social Services      |
| <input type="checkbox"/> Transportation  | <input type="checkbox"/> River          | <input type="checkbox"/> Other: _____     |   |

Please list current and past civic, fraternal and non-profit organizations in which you are/have been active.

Name of Organization	Dates	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide any additional information you believe would be useful in considering your application.

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**Certification**

I am not employed by the City of Kerrville.

If appointed, I will notify the City of Kerrville of any changes in my residence or business, or of any other relevant changes that would affect my appointment. I will also notify the City if any potential conflicts of interest arise.

I recognize that my appointment requires my regular attendance and participation at all scheduled meetings, failure to do so may result in my removal. I am willing to make this commitment of time and effort.

I hereby certify that all information in this application is complete, truthful, and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Some boards/commissions/committees require members to reside within the City limits.  
Please return completed form to the City Secretary's office for processing, 701 Main Street; 257-8000. Your application will be kept on file for 12 months.

NOTE: When filed at city hall, this will become a public document that may be disclosed per the Texas Public Information Act.



**ADDITIONAL INFORMATION FOR  
APPLICATION FOR CONSIDERATION OF APPOINTMENT  
KERRVILLE PUBLIC UTILITY BOARD OF TRUSTEES**

City of Kerrville Ordinance No. 87-45 established the Kerrville Public Utility Board of Trustees consisting of five citizens of the United States of America who reside in or conduct business on a full-time basis in Kerr County, Texas, and who use the System for personal, residential, business and/or company use. The Mayor of the City of Kerrville is an ex officio voting member of the Board of Trustees. The Board of Trustees serve without compensation for a term of five years and then are eligible to be re-appointed for one additional consecutive term of five years, and one only, but may serve for any number of non-consecutive terms so long as such member has not served as a member of the Board for at least two years next preceding the term for which such member is appointed.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Are you a citizen of the United States of America and reside in or conduct business on a full-time basis in Kerr County, Texas?  Yes  No

Do you use the KPUB Electric System for personal, residential, business, and/or company use?  Yes  No

Please include a current KPUB account number: \_\_\_\_\_

Please provide any additional information you believe is important for the Kerrville Public Utility Board's consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please return the completed form to the Kerrville City Secretary's office, 701 Main Street, Kerrville, Texas 78028 or the Kerrville Public Utility Board, Executive Assistant to the CEO, 2250 Memorial Blvd., Kerrville, Texas 78028.

Please attach additional information you desire to be considered.

NOTE: When filed, this application will become a public document that may be disclosed per the Texas Public Information Act.

Revised January 15, 2010.