



# MAYOR'S COMMUNITY POLICING/ CRIME WATCH COMMITTEE APPOINTMENT FORM

(Please print)

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

Board/Committee Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work # \_\_\_\_\_

Cellular #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Resident or Non-Resident: \_\_\_\_\_

Have you resided in the City of Homestead for 1 year? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

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

**Note: Submit with Resume to the City Clerk's Office:**  
790 N. Homestead Blvd.  
Homestead, Florida 33030  
(305) 224-4442  
(305) 224-4459 (fax)  
[esewell@cityofhomestead.com](mailto:esewell@cityofhomestead.com)