



## City of Leesburg Appointed Boards & Commission Application

Date:	8/24/2011	Name:	EDWARD SCHLEIN	
Mailing Address:	712 NEWELL HILL ROAD			
Home Address:	SAME			
Home Telephone Number	352-326-5929			
Business Name & Type	_____			
Business Address:	_____			
Business Telephone Number:	_____			
Position	Emergency Physician			
Education, Training Or Experience Related To The Activities Of The Advisory Body To Which Appointment Is Sought:				
_____				
PLANNING & ZONING BOARD				
Professional Organizations/Membership:	ACEP			
Have You Served On A City Board Or Committee In The Past?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
If Yes - Dates Served:	2002 - present			
Name of Board or Committee:	_____			
<input type="checkbox"/>	Library Board	<input checked="" type="checkbox"/>	Planning & Zoning Board	<input type="checkbox"/>
<input type="checkbox"/>	Historic Preservation Board	<input type="checkbox"/>	Greater Leesburg CRA	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Planning Commission	<input type="checkbox"/>	General Employees Retirement Board of Trustees	<input type="checkbox"/>
<input type="checkbox"/>	Carver Heights & Vicinity CRA	<input type="checkbox"/>	Police Department Pension Board of Trustees	<input type="checkbox"/>
<input type="checkbox"/>	Fire Department Pension Board of Trustees	<input type="checkbox"/>	Other (Specify):	<input type="checkbox"/>
I will attend meetings in accordance with the adopted policies of the City of Leesburg. If at any time my business or professional interests conflict with the interests of the Advisory Body, I will not participate in such deliberations.				
 Signature of Applicant		Return To:	City Clerk's Office City of Leesburg P.O. Box 490630 Leesburg, FL 34749-0630	