

**RUBEN DIAZ, JR.**  
**PRESIDENT, BOROUGH OF THE BRONX**  
**851 GRAND CONCOURSE**  
**BRONX, NEW YORK 10451**

**REAPPOINTMENT APPLICATION – BRONX COMMUNITY BOARDS**

Please return this application to: Office of The Bronx Borough President  
Community Boards Office, Room 207  
851 Grand Concourse  
Bronx, New York, 10451  
Thomas Lucania, Director  
Phone: (718) 590-6005 / Fax: (718) 537-3583  
Web Address: <http://bronxboropres.nyc.gov>

**Office Use Only**

CB #: \_\_\_\_\_

CD #: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: (Mr., Mrs., Ms., Other) \_\_\_\_\_  
(Please print)

HOME ADDRESS: \* \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_

(Borough)

(State)

(Zip Code)

TELEPHONE: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Business) (Email Address)

OCCUPATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Are you a City? \_\_\_\_\_ State? \_\_\_\_\_ or Federal Employee? \_\_\_\_\_

I. Are you employed by or associated with any entity whose contract or program comes before a Community Board for a funding request or review? Yes \_\_\_\_\_ No \_\_\_\_\_

II. If the answer to the above question is yes, name the agency, organization or entity.

\_\_\_\_\_

III. Is any member of your family employed by or associated with any entity whose contract or program comes before a Community Board for a funding request or review?

Yes \_\_\_\_\_ No \_\_\_\_\_

IV. If the answer to the above question is yes, name the agency, organization or entity.

\_\_\_\_\_

V. Please indicate in which organizations you are currently actively involved:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please do not list Post Office Box or c/o**  
**Please Turn Over**

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

Reappointment Application

VI. Date originally appointed to the Community Board: \_\_\_\_\_

VII. How many consecutive years have you served as a member of the Community Board:  
\_\_\_\_\_

VIII. Name (s) of Committee (s) of which you are a Member:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IX. How do you view your role as a member of your Community Board?  
(use additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Community Board #: \_\_\_\_\_

It is the responsibility of Community Board Members to notify this office of any changes in residence, business or work location that would affect their membership on the Community Board.

Please note: You must be a resident of New York City to be eligible for community board membership.

For additional information please call The Borough President's Community Board Office at (718) 590-6005. Interested applicants may also get forms on line at <http://bronxboropres.nyc.gov>.

**The deadline for submission of applications is Friday, February 6, 2009.**