

**INLAND PORT AUTHORITY
COMMUNITY ADVISORY COMMITTEE APPLICATION**

Pursuant to Neb. Rev. Statute §13-3306.01 (6), the Inland Port Authority shall, "Create and maintain a community advisory committee consisting of nine members that include:

- (a) at least two owners of residential property located within the inland port district
- (b) at least two owners of businesses located within the inland port district
- (c) a member of the city council of such city of the metropolitan class whose city council district is located within the inland port district
- (d) a member of the Legislature whose legislative district is located within the inland port district, and
- (e) a youth representative or someone closely involved with youth in the community.

A single member may satisfy more than one qualification described in subdivisions (6)(a) through (e) of this section".

If you would like to be considered for an appointment to the Inland Port Authority Community Advisory Committee, submit this completed form (ALL FIELDS REQUIRED), along with your resume or biography to:

info@omahaipa.com

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ Zip Code: _____ State: _____

Phone: _____ Email: _____

Gender: _____ Race/Ethnicity: _____

Business Name/Employer: _____ Job Title: _____

Business Address: _____

City: _____ Zip Code: _____ State: _____

Work Phone: _____

Where would you like to receive correspondence? Check one: Home: ____ Business: ____

My candidacy applies to the following category (check all that apply):

- ____ Owner of Residential Property located within the Inland Port Authority District
- ____ Owner of a Business located within the Inland Port Authority District
- ____ Youth Representative, or someone closely involved with youth in the community

____ My appointment to the Inland Port Authority Advisory Committee would not conflict with my professional or personal interests.

I hereby certify and declare that the above information is true and correct. I understand that knowingly providing false information may disqualify my application from consideration.

Print Name: _____

Signature: _____ Date: _____