



# APPLICATION FOR MEMBERSHIP / City Boards or Committees

City of Palm Bay • 120 Malabar Road • Palm Bay, FL 32907  
Phone: 321-952-3414 • www.palmbayflorida.org • Fax: 321-953-8971

## BOARD/COMMITTEE

Name of Board/Committee: Community Development Advisory  
 Full Name: Dawn Marie Bittar  
 Home Address: 419 FOUNTAIN ST SW  
 City: Palm Bay Zip Code: 32908  
 Telephone Number: 321 806 0384 Fax Number:   
 Email Address: bittardawn@gmail.com

## EMPLOYMENT

Employer: GREATER Palm Bay Chamber Occupation: Partner Relations  
 Address: 4100 DIXIE HWY. NE  
 City: Palm Bay State: FL Zip Code: 32905  
 Telephone Number: 321 951-9998 Fax Number:   
 Email Address: Dawn@GreaterPalmBayChamber.com  
 Job Responsibilities:

## EDUCATION

High School Name: MIAMI KILLIAN SR HIGH  
 Location: MIAMI, FL Years Completed: 3 Major/Degree: Diploma  
 College Business or Trade School: EFSC  
 Location: Palm Bay Years Completed: 2 Major/Degree: Actively Enrolled  
 Professional School:   
 Location:  Years Completed:  Major/Degree:   
 Other:   
 Location:  Years Completed:  Major/Degree:



# APPLICANT INFORMATION

Have you ever held a business tax receipt?  Yes  No *If yes, please provide the following:*

Title: 321 PLUMBING

Issue Date: 2008 Issuing Authority: CITY OF PALMBAY

*If any disciplinary action has been taken, please state the type and date of the action taken:*

Disciplinary Action: N/A Disciplinary Date: \_\_\_\_\_

Are you a resident of the City?  Yes  No *If yes, how long?* 15 Years 4 Months

How long have you been a resident of Brevard County? 28 Years 6 Months

Are you a United States citizen?  Yes  No

Are you a registered voter of the City?  Yes  No

Are you employed by the City?  Yes  No *If yes, what department?* \_\_\_\_\_

Do you presently serve on a City board(s)?  Yes  No *If yes, please list board(s):*

Community Development Advisory

Have you previously served on a City board(s)?  Yes  No *If yes, please list board(s):*

Budget Advisory and Disaster Relief

Are you currently serving on a board, authority, or commission for another governmental agency?

Yes  No *If yes, what board(s):* Continuum of Care Advisory Council

Have you ever been convicted or pled guilty to a criminal charge or pled nolo contendere (no contest) to a criminal charge?  Yes  No *If yes, what charge:* \_\_\_\_\_

Where: \_\_\_\_\_ When: \_\_\_\_\_

Disposition was:  Convicted  Pled Guilty  Pled No Contest

Have your civil rights been restored?  Yes  No

Are you a member or participant of any community organizations?  Yes  No

*If yes, please list:* Rotary Club of Palm Bay

What are your hobbies / interests? Roller Skating, Gardening,  
Cooking, Photography

Why do you want to serve on this board / committee? make a positive impact  
by contributing my skills, knowledge & expertise to  
help guide & support a better future for our residents.

Section 760.80, Florida Statutes, requires certain information on statutorily created boards to be filed on an annual basis. Please complete the following.

Race: white Gender: Female Physically Disabled: No

### APPLICATION CERTIFICATION

By filing this application with the City of Palm Bay and placing my signature below, I do hereby acknowledge the following:

1. This Application, when completed and filed with the Office of the City Clerk, is a PUBLIC RECORD under Chapter 119, Florida Statutes, and is open to public inspection.
2. I am responsible for keeping the information on this form current and that any changes or updates will be provided to the Office of the City Clerk.
3. I consent to filing the Statement of Financial Interests if required for this board.  
<http://www.ethics.state.fl.us>
4. If appointed to a board/committee, I acknowledge that it is my obligation and duty to comply with the following:  

Code of Ethics for Public Officials (Florida Statutes, Chapter 112, Part III)  
Florida Sunshine Law (Florida Statutes, Chapter 286)  
<http://www.flsenate.gov/Statutes>
5. I understand the responsibilities associated with being a board/committee member, and I will have adequate time to serve on this board/committee.

The information provided on this form is true and correct, and consent is hereby given to the City Council or its designated representative to verify any and/or all information provided.

Signature:  Date: 5/27/24

Mail the application to:  
City of Palm Bay  
Office of the City Clerk  
120 Malabar Road, SE  
Palm Bay, Florida 32907

Fax the application to:  
321-953-8971

**SUBMIT FORM**