

# Application Form

Status: submitted

## Profile

Mr. Robert Vice  
 Prefix First Name Last Name Suffix

[Redacted] [Redacted]

Street Address Suite or Apt

[Redacted] [Redacted]

City State Postal Code

[Redacted]

Email Address

Reed Weitkamp Schell & Vice Attorney  
 PLLC Occupation  
 Employer

District 7  
 What district do you live in?

[Redacted] [Redacted]

Primary Phone Alternate Phone

Interests \*

## Volunteer Activities

Which Boards would you like to apply for?

NuLu Review Overlay District Committee (Advisory)

Past Service on City and County boards and Commissions?

Yes  No

## If Yes, Please List

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Louisville and Jefferson County Metro Historic Landmarks and Preservation Districts Commission

Please answer the following questions. If you answer yes, please include relevant details (i.e. position, company, address, dates, etc.) in the Additional Notes section below.

**Are you employed by Louisville Metro Government?**

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Yes  No

**Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?**

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Yes  No

**Do you or a member of your immediate family have ownership interest in any property that is the subject of a condemnation proceeding, planning and zoning proceeding or any other administrative or court proceeding in which Louisville Metro Government or its agencies are interested parties?**

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Yes  No

**Do you have any contract or matter pending before any Louisville Metro Government agency?**

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Yes  No

**Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?**

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Yes  No

**Additional Notes**

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## Background Check

We require a criminal background check for all appointed members.



Please enter the last four digits of your social security number. This is protected and will not be shared.

**I authorize Louisville Metro Government and the Administrative Office of the Courts to search public records for any relevant information regarding me.**

Yes  No

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Please enter Maiden/Previous Names, if applicable.

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## Demographics

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. Please complete the information requested below.

**Caucasian (non-Hispanic)**

Ethnicity

**Republican**

Political Party

**Male**

Gender



Date of Birth

If you need assistance, please contact Julie Radican via phone 502-574-2003 or via email at [Julie.radican@louisvilleky.gov](mailto:Julie.radican@louisvilleky.gov)

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