
Profile

Prefix	David	Allgood	Suffix
First Name	Last Name		
Street Address		Suite or Apt	
City		State	Postal Code
Email Address			
Center for Accessible Living	Director of Advocacy		
Employer	Occupation		

What district do you live in?

Primary Phone	Alternate Phone
---------------	-----------------

Interests *

- Neighborhoods
- Public Safety
- Transportation

Volunteer Activities

Which Boards would you like to apply for?

Human Relations Commission Advocacy Board

Past Service on City and County boards and Commissions?

Yes No

If Yes, Please List

Citizens Commission on Police Accountability Metro Human Relations Commission/Advocacy

Are you employed by Louisville Metro Government?

Yes No

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

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?

Yes No

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

Yes No

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

Yes No

Additional Notes

Background Check



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

Please enter Maiden/Previous Names, if applicable.

Demographics

Caucasian (non-Hispanic)

Ethnicity

Democrat

Political Party

Male

Gender



Date of Birth