

**Profile**

Ms Elmer Lucille Allen  
Prefix First Name Last Name Suffix

[Redacted] [Redacted]  
Street Address Suite or Apt  
[Redacted] [Redacted]  
City State Postal Code  
[Redacted]  
Email Address

Retired Retired Senior Analytical  
Employer Occupation  
Chemist/Artist

**What district do you live in? \***

District 1

[Redacted] [Redacted]  
Primary Phone Alternate Phone

**Interests \***

Neighborhoods  
 Recreation

**Volunteer Activities**

Member of Alpha Kappa Alpha Sorority, Eta Omega Chapter - Member over 50 years West Louisville Women's Collaborative Inc.- Treasurer - Two years President, Western Branch Library Support Association, Inc. Chickasaw Federation Volunteering with the California Public Art Project LVA Advisory Board Passport Arts and Cultural Committee

**Which Boards would you like to apply for?**

Commission on Public Art: Submitted

**Past Service on City and County boards and Commissions?**

Yes  No

**If Yes, Please List**

Commission on Public Art

**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**

[Art\\_Resume\\_073118.pdf](#)

Upload a Resume

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## 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

Hammonds (Maiden) - Patterson

Please enter Maiden/Previous Names, if applicable.

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## Demographics

**Ethnicity \***

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African American

**Political Party \***

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Democrat

**Gender \***

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Female



Date of Birth

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