Application Form

Submit Date: Aug 04, 2015 Status: submitted

Profile

Mr Prefix	Marshall First Name	Gazaw Last Name	-	Suffix
Street Addres	SS		Suite or A	Apt
				Valoritation (and
City			State	Postal Code
Email Addres				
Liliali Addies	55			
retired Employer		n/a Occupation		
District 4 What district	do you live in?			
			The Reserve	
Primary Phor	ne	Alternate Phone		
Interest				
⊠ Neigl	hborhoods			
Volunte	er Activities			
LMHA Co		ee - One West - Senior Cha	plin LMPD - Louisville Cor	nnectors -West Louisville
Which E	Boards would you	like to apply for?		
Affordab	le Housing Trust Fund	d Board		

Past Service on City and County boards and Commissions?

If Yes, Please List
Board Member for the Park Duvalle Development Corporation Committee and Chauncey Development - Board Memeber for Mayor's Policy Board for the Park Duvalle Revitalization Project
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?
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?
Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?

Looking forward to working with the board Thanks

○ Yes

● No

Additional Notes

Upload a Resume

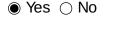
Background Check

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.



n/a

Please enter Maiden/Previous Names, if applicable.

Demographics

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

African American

Ethnicity

Democrat

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