## **Profile**

Prefix First Name Last Name Suffix  Street Address  City Suite or Apt State  Fostal Code  Email Address  Reed Weitkamp Schell & Vice PLLC Attorney Cocupation  What district do you live in? *    District 25    Primary Phone   Alternate Phone	Michael	Oyler		
City  Email Address  Reed Weitkamp Schell & Vice PLLC Employer  Occupation  What district do you live in? *  Primary Phone  Alternate Phone	Prefix First Name	Last Name	Suffix	(
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PLLC Employer  What district do you live in? *  ✓ District 25  Primary Phone  Attorney Occupation  Alternate Phone	Reed Weitkamp Schell & Vice			
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Interests *	Primary Phone	Alternate Phone		
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☐ Business Development	☐ Business Development			
☐ Codes/Regulations				
☐ Economic Development				
☐ Historical Preservation	☐ Historical Preservation			
☐ Housing	☐ Housing			
☐ Human Resources	<del></del>			
☐ Information Technology				
Land Development				
☐ Neighborhoods				
☐ Public Health				
☐ Public Safety				
☐ Public Utilities				
☐ Recreation				
<ul><li>☐ Telecommunications</li><li>☐ Transportation</li></ul>				
☐ Zoning				

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Volunteer Activities	
Which Boards would you like to apply for?	
Ethics Commission: Submitted	

Past Service on City and County boards and Commissions?

O Yes O No

If Yes, Please List

Are you employed by Louisville Metro Government?

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

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Additional Notes
Upload a Resume
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
Ethnicity *
Political Party *
Gender *
✓ Male
Date of Birth

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