## **Profile**

| Mr.                                                     | Robert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vice                | 2.00                  |             |  |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|-------------|--|
| Prefix                                                  | First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Last Name           | Si                    | uffix       |  |
| Street Address City                                     | is and the second secon |                     | Suite or Apt<br>State | Postal Code |  |
| Email Address                                           | s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                       |             |  |
| Reed W<br>PLLC<br>Employer                              | eitkamp Schell & Vice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attorney Occupation |                       |             |  |
| What di                                                 | strict do you live in? *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                       |             |  |
| <b>☑</b> Distr                                          | ict 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                     |                       |             |  |
|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                       |             |  |
| Primary Phor                                            | е                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Alternate Phone     |                       |             |  |
| Interest                                                | :s *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                       |             |  |
| Volunte                                                 | eer Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                       |             |  |
| Which I                                                 | Boards would you like to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | o apply for?        |                       |             |  |
| Landma                                                  | rks Commission: Submitted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                       |             |  |
| Past Service on City and County boards and Commissions? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                       |             |  |
| Yes                                                     | o No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                       |             |  |
| If Yes, I                                               | Please List                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                       |             |  |

Submit Date: Oct 11, 2017

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Louisville and Jefferson County Metro Historic Landmarks and Preservation Districts Commission

| Are you employed by Louisville Metro Government?                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C Yes ⊙ No                                                                                                                                                                                                                                                                                        |
| Do you or a member of your immediate family have ownership interest in any company that does business with Louisville Metro Government?                                                                                                                                                           |
| C 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? |
| C Yes ⊙ No                                                                                                                                                                                                                                                                                        |
| Do you have any contract or matter pending before any Louisville Metro Government agency?                                                                                                                                                                                                         |
| C Yes ⓒ No                                                                                                                                                                                                                                                                                        |
| Have you ever been sued by the former City of Louisville, Jefferson County or Louisville Metro Government?                                                                                                                                                                                        |
| C Yes 		 No                                                                                                                                                                                                                                                                                       |
| Additional Notes                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                   |
| RobertVice-2014a.pdf Upload a Resume                                                                                                                                                                                                                                                              |

## **Background Check**



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

Mr. Robert Vice Page 2 of 3

| 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                                                    |  |  |  |  |

I authorize Louisville Metro Government and the Administrative Office of the Courts to

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