Profile

Mr.	Reginald	Glass		
Prefix	First Name	Last Name		Guffix
Street Addr	2000		Suite or Apt	
Street Addi	ess		State	
City				Postal Code
Email Addre Greate	r Louisville Funeral			
Limous	sine Service/A.D. Porter &	5		
Sons F Employer	uneral Home	Driver/Attendant Occupation		
Employer		Occupation		
What o	district do you live in? *			
✓ Dist	trict 11			
Primary Pho	one	Alternate Phone		
Interes	sts *			
	singaa Dayalanmant			
	siness Development des/Regulations			
	onomic Development			
✓ Hou	-			
	nan Resources			
	rmation Technology			
	d Development			
	ghborhoods			
	olic Health			
	olic Safety			
	ecommunications			
	nsportation			

Volunteer Activities

Zoning

Western Kentucky University Alumni Association Board Western Kentucky University Alumni Association Louisville Chapter

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Which Boards would you like to apply for?
Human Relations Commission Advocacy Board: Submitted
Past Service on City and County boards and Commissions?
⊙ Yes ○ No
If Yes, Please List
Metropolitan Business Development
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?
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?
C Yes ⊙ No
Additional Notes

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Upload a Resume

Date of Birth

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 *
African American
Political Party *
□ Democrat
Gender *
✓ Male

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