

**Contact Information:**

Name:  
Montre Bennett

Home Address:  
323 nw 2nd Ave  
Delray Beach FL 33444

Cell Phone:  
(561) 862-3072

**Email:**  
montre1.bennett@gmail.com

**Occupation:**  
\*\*SKIPPED\*\*

**Business Name:**  
\*\*SKIPPED\*\*

Business Address:  
323 nw 2nd Ave  
Delray Beach FL 33444

NOTE: Your responses or disclosures are public records intended to assist the City Commission in considering an applicant for appointment/re-appointment to a City board or committee and will not result in the automatic disqualification. Complete and accurate responses should be provided.

**QUALIFICATIONS – Please select all that apply:**

Are you a Delray Beach resident?  
Yes

**If yes, how long have you been a resident of the City of Delray Beach?**  
37 years

Do you own a business, or are you an officer, director, or manager of a business in Delray Beach?  
Yes

**If yes, how long?**  
5 years

Do you own property in Delray Beach?  
No

**If yes, please explain:**  
\*\*SKIPPED\*\*

Are you a registered FL voter?  
Yes

Are you a vendor or employed by a vendor that does business with the city?  
No

**If yes, please explain:**  
\*\*SKIPPED\*\*

Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?  
No

**If yes, please explain:**  
\*\*SKIPPED\*\*

Have you attended any Delray Beach Commission or Advisory Board Meetings?  
Yes

**If yes, please list which meetings:**

City commission, CRA, Delray Beach Publix arts advisory board no

Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines relating to property in the city that is owned or rented by you (or any entity in which you have a controlling interest)?

No

Do you (or any entity in which you have a controlling interest) have any delinquent accounts with the City or owe any monies to the City?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

Have you ever been found to have violated, or had a complaint filed against you alleging a violation of the Florida Code of Ethics for public officers and employees, Palm Beach County Code of Ethics (or any other ethics code)?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

Have you ever had any complaint(s) or action(s) filed against your State certification or license?

No

**If yes, please explain:**

\*\*SKIPPED\*\*

## **INTERESTS & EXPERIENCES**

**Briefly describe why you wish to serve as a member of the 2035 Vision Steering Committee and how your personal experience and background relate:**

As life long resident, I believe my voice and interest belong here to speak up for myself , children family and colleagues and bring our ideas to the table..

**EDUCATIONAL BACKGROUND:**

\*\*SKIPPED\*\*

**University(s) attended:**

\*\*SKIPPED\*\*

**Degree(s) received:**

\*\*SKIPPED\*\*

**Major area of study:**

\*\*SKIPPED\*\*

Upload your resume:

\*\*SKIPPED\*\*

## **Terms Of Acceptance**

***Applications are kept on file in the City Clerk's Office for a period of two years.***

***Applicants may supplement their application with a resume or other information relevant to their qualifications.***

**DECLARATION OF PERSONAL INFORMATION EXEMPTION:**

Personal information provided in this application is public information unless the applicant qualifies for an exemption pursuant to Florida Statutes. You are encouraged to thoroughly read the applicable sub-sections of F.S. 119.0 71 ([http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0100-0199/0119/Sections/0119.071.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0100-0199/0119/Sections/0119.071.html)).

If you qualify for an exemption, please indicate below which statutory provision you are citing for the exemption. If you qualify, your address and phone number are protected information.

My address and telephone number are statutorily exempt from public disclosure:

**If yes, pursuant to which sub-section of F.S. 119.071?**

\*\*SKIPPED\*\*

Please agree with the following statement: I understand the duties and responsibilities of the committee for which I am applying. By signing below, I warrant the truthfulness and accuracy of the information provided in this application.  
I Agree

E-Signature of Applicant:  
Montre G. Bennett

**Date:**  
04/21/2025

Please agree with the following statement: I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.  
I acknowledge and agree