

Advisory Board Appointment Application

NOTE: Each applicant is advised to attend at least one meeting prior to applying for appointment.

Contact Information:

* Name
Rettig (Rett) W. Talbot

* Home Address
515 NW 12th St
Delray Beach F:L 33444

* Cell Phone
(561) 312-4410

* **Email**
rettig611@comcast.net

* **Occupation**
Physical Therapist, Orthopedics

Business Name
Personalized Othopedics of the Palm Beaches

Business Address
6056 Boynton Beach Blvd
Boynton Beach FL 33437

Business Phone
(561) 733-5888 ext. 180

Office of the City Clerk
Received
7/21/2024
Expires
7/21/2026

Advisory Board Selection:

Please select your top four boards in order of preference (first choice to fourth choice) from the drop down lists below:

First Choice
Site Plan Review and Appearance Board

Second Choice
Historic Preservation Board

Third Choice
SKIPPED

Fourth Choice
SKIPPED

NOTE: Your responses or disclosures are intended to assist the City Council in considering an application for appointment/re-appointment to a City board or committee, and will not result in the automatic disqualification from consideration or appointment/re-appointment. Therefore, complete and accurate responses should be provided.

Qualifications:

* Please select all qualifications that apply:
Delray Beach resident
Own property in Delray Beach

* Are you a registered FL voter?
Yes

* Are you a vendor or employed by a vendor that does business with the city?

No

* Are you a lobbyist or employed by a lobbyist, as defined in the Palm Beach County Registration Ordinance?

No

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

Yes

If yes, please explain and provide dates when possible.

various, intermittent and depending on matters pertinent to personal interests and concerns

Are you currently serving, or have you ever served on a Delray Beach Advisory Board? If yes, please provide details and dates.

Yes. Member of SPRAB August 1990 - 1993

* Are you aware of any potential conflict of interest (including, without limitation, any potential voting conflicts or potential prohibited conflicts) that may arise from your serving on the City board or committee to which you are seeking appointment?

No

If yes, please explain:

SKIPPED

* Do you, any member of your immediate family, your employer or your business (or any entity in which you have a controlling interest) currently have any contractual relationship with, or do business with, the City, or has there been any such relationship within the past 5 years?

No

If yes, please explain:

SKIPPED

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

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

If yes, please explain:

SKIPPED

* Do you (or any entity in which you have a controlling interest) have any pending code enforcement cases or unpaid, certified code enforcement fines for any other violations relating to other city codes?

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

If you selected the Downtown Development Authority, do you own land in the downtown area?

If you lease property in the downtown area, do you pay taxes on the property as part of your lease agreement?

Please upload a copy of your lease

SKIPPED

Interest & Experiences

List any certifications or licenses which may further qualify you to serve on a board or committee.

SKIPPED

Briefly describe why you wish to serve as a member of a board or committee and how your personal experience and background relate:

I was born and raised in Delray Beach. I attended Trinity Lutheran School and Atlantic High. My father owned business in Delray and was active in civic and community affairs. I am approaching a time in my life and career that should allow me some greater freedom to contribute to the community. I feel a legacy connection to serving the city and would like to participate in the continuing growth and development of Delray Beach.

List any other community/civic involvement which you would like the Commission to consider:

SKIPPED

Educational Background:

University attended:

Indiana University and University of Indianapolis

Degrees received:

Bachelor of Science and Master of Science

Major area of study:

Health, Safety and Athletic Training, and Physical Therapy

Upload your resume:

[RWT-CVrev2024July.doc](#)

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).

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. You may contact the Board Liason at 243-7056 if you have any questions.

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

No

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 board(s) or committee(s) 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:

Rettig Talbot

* **Date:**

07/21/2024

* 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 Agree