

FOR IMMEDIATE RELEASE

November 21, 2018



City of Copperas Cove

Kevin Keller, Public Information Officer

kkeller@copperascovetx.gov

Fax: (254)542-8965

508 South 2nd Street

Copperas Cove, Texas

Phone: (254)547-4221

Sign Regulations Workgroup Ad Hoc Committee

Copperas Cove, Texas – The City of Copperas Cove is accepting applications to fill positions on a newly created Sign Regulations Workgroup Ad Hoc Committee. The purpose of the City Council Appointed Ad Hoc Advisory Body is to review Chapter 16.5 – Sign Regulations of the Code of Ordinances, and make recommendations for editing the regulations governing signage and other matters related thereto.

The advisory body will consist of seven members, appointed to two year staggered terms, and membership will include one staff member as appointed by the City Manager, one representative from the City Council, one representative from the Planning and Zoning Commission, two locally recognized members of the business community and two commercial sign contractors licensed by the State of Texas. Meetings will be held as necessary and locations/dates/times have not yet been established.

Applications are available at 914 South Main Street, Suite C, or on the City website, www.copperascovetx.gov under “Online Resources”, “Forms and Applications”. The position vacancies will be advertised through December 21, 2018. Completed applications must be submitted to the office of the City Secretary by the submittal deadline, December 31, 2018 at 5pm, for consideration.

For further information please contact City Secretary Lisa Wilson at lwilson@copperascovetx.gov or (254)547-4221.

###



City Council Appointed Advisory Body Application

Advisory Body Preference 1: _____

Advisory Body Preference 2: _____

Full Name: _____ City Resident: _____ years

Residential Address: _____

Primary Phone: _____ Mobile Phone: _____ Date of Birth: _____

Driver's License State/Number: _____ Personal Email: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Business Email: _____

Experience or special knowledge applicable to the Copperas Cove Advisory Body function:

Civic Activities and/or Professional Affiliations:

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency **may** request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City Of Copperas Cove

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl _____ Vol/Contractor _____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	