

COPAC CANDIDATE NOMINATION FORM

I, (print name) _____, hereby confirm that as an active participant in the Corrections Officers Pension Plan, and in good standing, wish to be placed on the Corrections Officers Pension Advisory Committee (COPAC). I understand that if elected I will be required to attend the regular business meetings of the Committee (typically held monthly during regular business hours generally on the first Tuesday of each month at 2PM) and will serve a two-year term. Accordingly, I have fully completed the Candidate Biography Form for publication with the Official Ballot.

DEPARTMENT / AGENCY NAME:

WORK PHONE:

EMAIL:

MAILING ADDRESS:

EMPLOYEE ID#:

SIGNATURE:

DATE:

*****PLEASE COMPLETE REQUIRED ATTACHED BIOGRAPHY*****

NOTE: YOUR BIOGRAPHY WILL BE DISPLAYED AS SUBMITTED (only use available space and no pictures).

The nomination portion, which contains sensitive information, will be kept on file in our office.

RETURN COMPLETED FORM TO:

citypension@coj.net

City of Jacksonville Retirement System Administrative Office

St. James Building – City Hall

117 West Duval Street, Suite 330

Jacksonville, Florida 32202

(904) 255-7280

FORMS MUST BE RECEIVED NO LATER THAN 4:00 PM, AUGUST 16, 2024.

YOU MAY WISH TO CONFIRM RECEIPT WITH OUR OFFICE.