



City of Richmond, Virginia

Commission Application

(Please Print or Type)

Name of Authority, Board, Commission or Task Force: Public Art Commission –Visual Artist seat	
Title: Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Other:	
Last Name: Trask	First Name: Edward
Home Street Address: 109 north Harvie st	Home Telephone: 804-304-0518
Home City, Zip Code: Richmond , 23220	Home Fax:
Personal E-Mail Address: edtrask@gmail.com	
Employer: Self	
Job Title: artist	How Long? ²⁰ years
Business Street Address: same as above	Business Telephone: 804-304-0518
Business City, Zip Code:	Business Fax:
Business E-Mail Address:	
Is your place of employment located in the city of Richmond? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is your place of employment located in the county? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, which county?	
Are you a city resident? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, which City Council district? ^{2nd} Number of years? ³	
Do you or your employer have a contract, other than a contract of employment, either with the city of Richmond or with the entity to which you are seeking appointment? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please provide information on the nature of the contract.	
Please list your educational background and/or other expertise or qualifications you will bring to this authority, board, commission or task force:	

NOTE: This application is a public document. Completed applications will remain on file for consideration for six (6) months at which time it must be updated.

Please submit to Ellyn Parker, Secretary to the Public
Art Commission, Dept. of Planning, Development
and Review, 900 E Broad Street Room 511, Richmond
VA 23219 ellyn.parker@richmondgov.com 804-646-



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List other city of Richmond authorities, boards, commissions or task forces you currently or have previously served on. Please give date(s) and office(s) held, if applicable.

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Entity: _____
Date(s) Served: _____ Office(s) Held: _____

Other community involvement:

OPTIONAL

Please list additional information you would like considered, or you may attach your resume or other information.

☒ Check this box if your resume is attached.

How did you hear about or who referred you to apply for appointment to this authority, board, commission or task force?

Signature: Ed Thrash Date: April 25 2016

(By signing, forwarding or otherwise transmitting this form, you certify that all information submitted for consideration is true and accurate to the best of your knowledge)

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