REQUEST FOR APPOINTMENT DATE 11/8/2021

AUTHORITY, BOARD OR COMMISSION YOU ARE REQUESTING APPOINTMENT TO: Property Rehabilitation and Maintenance Board of Appeals				
NAME: Heidi Westerman				
HOME ADDRESS: 2609 Mountain Lane, Allentown, PA 18103				
BUSINESS ADDRESS: 435 W Hamilton Street, Allentown, PA 18101				
TELEPHONE NO. (RESIDENCE) 484-274-5873 BUSINESS 610-437-7690				
EMAIL: heidi.westerman@allentownpa.gov				
PRESENTLY EMPLOYED BY: City of Allentown				
JOB TITLE: Director Building Standards & Safety				
EMPLOYMENT (Prior): City of Bethlehem				
EDUCATION: HIGH SCHOOL GRADUATE: COLLEGE OR UNIVERSITY GRADUATE DEGREE/FIELD OF STUDY **YES** NO				
CURRENT MEMBERSHIP IN ORGANIZATIONS AND OFFICES:				
Commission on Homelessness, Catalyst 4 Board, ReEntry Board, Alliance for Building Communities Board, Regional Housing Advisory Board				
PAST ORGANIZATIONAL MEMBERSHIP AND OFFICES HELD:				

DO YOU LIVE IN THE CITY OF ALLENTOWN:	<u> </u>	_YES	NO
DO YOU HAVE A SIGNIFICANT "BUSINESS" OF ALLENTOWN? PLEASE EXPLAIN:	R "PROPE	RTY" INTE	REST IN
ARE YOU A REGISTERED VOTER:	<u>x</u>	_YES	NO
WHY ARE YOU INTERESTED IN THIS APPOINT WHAT VALUE YOU WILL BRING TO THE BOAK		BE SURE TO) INCLUDE
As the Director of Building Standards and Safety I wi	ill be able t	o provide st	andards of the
code. I also bring over 20 years' experience in housing	g, construc	tion, rehabi	itation and
inspections.	W-112		
DO YOU ANTICIPATE A CONFLICT OF INTERE OF AN AUTHORITY, BOARD OR COMMISSION:			
IF YES, EXPLAIN:			
IF YOU ARE BEING CONSIDERED FOR REAPPO HOW MANY TERMS YOU HAVE SERVED	INTMEN	Γ, PLEASE :	INDICATE VEAR VOI
WERE FIRST APPOINTED			EM 100
NOTE: This information will be used for making appo commission and in the event you are appointed news release to identify you to the community.	d/reappoin	ted, it may b	e used as a
Heal Western		11/12/2	t
Signature		Dat	e
Please forward this request for appointment, along wi	th a resum	e to:	
Mayor's Office			

Mayor's Office City Hall 435 Hamilton Street Allentown, PA 18101