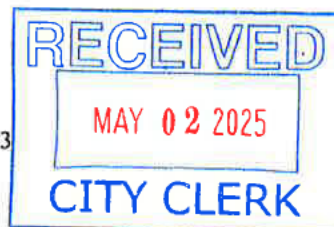




**LAKE HAVASU CITY**  
2330 McCulloch Blvd. N. | Lake Havasu City, AZ 86403  
Phone: (928) 453-4142 | Email: cityclerk@lhcaz.gov



**Application for Appointment**  
(Boards, Commissions, and Committees)

The City Council is responsible to appoint interested citizens to Boards, Commissions, and Committees. Applications will be reviewed and scheduled for interview before the Application Review Panel who will provide a recommendation(s) of appointment to the City Council. The City Clerk's office will inform all applicants of their scheduled interview date and City Council meeting date when their application will be considered. All applicants are encouraged to attend the City Council meeting to answer any questions from the City Council.

Board/Commission/Committee you are applying for: Public Safety Personnel Retirement System Local Board

**SECTION I:**

Name: Phillip Shannon Email: [REDACTED]

Home Address: [REDACTED] Mailing Address & Zip: [REDACTED]

City: Lake Havasu City State: Az Zip: 86404

Home Phone: [REDACTED] Work/Alt: [REDACTED]

Preferred method of receiving correspondence from the City Clerk's Office: ☒ Email ☐ Mail

Number of Years Residing in Lake Havasu City: 24

Currently Employed: ☒ Yes ☐ No # Years Employed: 14

*\*(If retired, indicate last employer prior to retirement)* \*Current Employer: [REDACTED]

City: Lake Havasu City State: Az

Do you have any relatives that are employed with Lake Havasu City? ☒ Yes ☐ No

If yes, explain: Wife [REDACTED] Dispatch Supervisor for [REDACTED]

**SECTION II:**

Have you previously served on a Board, Commission, Committee in another Community? ☐ Yes ☒ No

If yes, indicate the Board, jurisdiction and years served: [REDACTED]

Have you previously served on a Board, Commission, Committee in Lake Havasu City? ☒ Yes ☐ No

If yes, indicate Board and years served: Parks and Recreation Board currently

If previously served on a Lake Havasu City Board, have you completed the mandatory board member training?

For "No" or "N/A" responses, please explain: ☒ Yes ☐ No ☐ N/A

[REDACTED]

Please indicate the member position in which you are applying for: ☒ Regular ☐ Alternate ☐ Student

### SECTION III:

Name of High School and/or College\*\*

Waldorf College

Degree

Bachelor of Science Criminal Justice

Year

2013

American Public University

Masters of Criminal Justice

2015

*\*\* A resume may be attached to show additional education and work experience.*

Describe your involvement in the community (Include civic clubs, volunteer activities, service organization, etc.)

I am very involved with various organizations in the community while working for the [REDACTED] I have been involved in the Community Advisory Board for seven years. I have worked closely with law enforcement agencies in the area while working for Probation. I currently serve as a board member on the Parks and Recreation Board for Lake Havasu City. My daughter plays soccer for the Lake Havasu Lions travel soccer club and I coached her team for a season. I have also coached recreational soccer for the league. I am a member in good standing of the Elks Club in Lake Havasu City. I was also an Adjunct Professor at [REDACTED] at the Lake Havasu City campus for three years teaching Criminal Justice classes.

List additional qualifications or experience you believe qualifies you to be on a Lake Havasu City Board, Commission, Committee

I have previous experience as a Corrections Officer in California and Arizona working in County Jails, City Jail and State Prison. I have extensive experience working for government agencies for over 25 years. I understand the requirements and responsibilities of public safety personnel and their benefits.

Why do you want to serve on the Board, Commission, Committee you are applying for?

I am interested in serving on the Public Safety Personnel Retirement System Local Board to be able to use my education, training and experience to assist with reviewing applications for enrollment and retirement and reviewing credits for benefits. I am very familiar with public safety retirement and benefit plans.

*By my signature below, and to the best of my knowledge, I certify that the information provided herein is accurate and true.*

*If submitting this application electronically, please certify your application by typing your name in the Signature field, and check the Confirm Signature box below.*

Signature: Phillip Shannon

Date: 5/2/2025

Confirm Signature ☒

**Print Form**

Email to: [cityclerk@lhcaz.gov](mailto:cityclerk@lhcaz.gov)