



CITY OF COOPER CITY
CITIZENS RESOURCE SHEET

Please indicate the Board(s) for which you wish to be considered:

- | | | |
|---|--|--|
| <input type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input type="checkbox"/> Public Safety Advisory Board |
| <input type="checkbox"/> Charter Review Board | <input checked="" type="checkbox"/> Green Advisory Board | <input type="checkbox"/> Recreation Advisory Board |
| <input type="checkbox"/> Education Advisory Board | <input type="checkbox"/> Planning & Zoning Board | <input type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Finance Review Advisory Board |

Please choose one:

- I wish to be considered by Commissioner Palanis (please write in name)
- I wish to be considered by any member of the Commission

Date: January 12, 2022
 Name: Dana Kornfeld Email Address: Miccar375@aol.com
 Home Address: 10750 SW 50th St, Cooper City, FL 33328
 Cell: 954-684-1462 Work #: 954-916-1202 Home #: _____
 Length of Residence in Cooper City 10 Years _____ Months
 Length of Time as Business Person in Cooper City _____ Years _____ Months

QUALIFICATIONS:

Please provide a brief statement outlining why you wish to serve on the applicable boards and/or commissions selected. In addition, please attach copy of your resume or vita (optional): I spent most of my life in Cooper City 0-18 yrs in Rock Creek After college and NYC I moved back to start a family. I feel passionate about maintaining the beauty and landmarks of our city.

Other Work or Civic Affiliation: PTO president at Bell Emerald Pre-School, Board on Temple Board, Griffin Elementary PTA V.P.
Illiana University
Professor Religion & Classical Studies

Other professional or technical training (Name of school, course name, etc.): I am a committed
volunteer, an environmental lover and a dedicated
community resident.
DISCLOSURES

1. Are you or any of your relatives presently employed by the City of Cooper City? NO If yes, please state names and City departments/divisions: _____

2. Are you aware of any potential conflict of interest that may arise from your serving on City of Cooper City boards and committees? NONE If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? NONE If yes, please list: _____

4. If you own property in the City of Cooper City, do you have any pending code violations and/or unpaid code fines related to such property? NONE If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? _____
If yes, please do so here: _____

Please affirm and acknowledge that you understand and agree to the following (mark each box):

I understand that in accordance with Florida Sunshine Law, this information becomes public record and may be subject to public review.

If appointed, I agree to faithfully and fully perform the duties of my appointment, will make every endeavor to serve my full term, and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, particularly those pertaining to the standards of conduct for public officers and related financial disclosure requirements, if applicable. I further agree to take the applicable statutory oath. I understand that if appointed, I must take the oath of office prescribed in the Florida Statutes.

My representation of any information or qualifications given on this application may cause automatic removal from any board/committees.

Signature: _____

Date: 1/12/2022