



CITY OF COOPER CITY CITIZENS RESOURCE SHEET

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

- Business Advisory Board
- Charter Review Board
- Education Advisory Board
- Firefighters Pension Board
- Mental Health & Wellness Advisory Board
- General Employees' Pension Board
- Green Advisory Board
- Planning & Zoning Board
- Police Pension Board
- Public Safety Advisory Board
- Recreation Advisory Board
- Senior Advisory Board
- Finance Review Advisory Board

Please choose one:

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

Date: 12/30/24

Name: Lauren Lopez Email Address: Lalopez51@yahoo.com

Home Address: _____ Cooper City, Fl. _____

Cell # (786) 423-0838 Work # _____ 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 committees selected. In addition, please attach a copy of your resume or vita (optional): I am eager to serve on the planning and zoning committee because I am passionate about shaping the future of our community through thoughtful s development. I believe that by balancing growth with preserving our environment and quality of life, we can create a thriving well-planned community for all resident. I bring strong problem solving skills, attention to detail, and a commitment to working collaboratively to address the challenges and opportunities in the area.

Experience in Board Subject: _____

Related Work or Civic Affiliation: _____

College (if applicable): NSU

Field of Study: Criminal Justice

Other professional or technical training (Name of school, course name, etc.): _____

Disclosures:

1. Are you or 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? No If yes, please explain _____
3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? No 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? No 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 a 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 that the oath of office prescribed in the Florida Statutes.

Misrepresentation of any information or qualifications given on this application may cause automatic removal from any board/committee.

Signature:  Date: 12/30/24