



## 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"/> Mental Health & Wellness Advisory Board |
| <input type="checkbox"/> Charter Review Board       | <input type="checkbox"/> Green Advisory Board            | <input type="checkbox"/> Recreation Advisory Board               |
| <input type="checkbox"/> Education Advisory Board   | <input type="checkbox"/> Planning & Zoning Board         | <input checked="" type="checkbox"/> Senior Advisory Board        |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board            | <input type="checkbox"/> Royal Palm Ranches 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: DEC 12 2023

Name: Sherrill Gross Email Address: \_\_\_\_\_

Home Address: 5059 Waters Edge Way Cooper City, FL 33330

Cell #: (205) 502 7020 Work #: \_\_\_\_\_ Home #: 954-434 0851

Length of Residence in Cooper City 12 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 copy of your resume or vita (optional): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Experience in Board Subject:

Related Work or Civic Affiliation: \_\_\_\_\_

College (if appropriate): UN OS Miami

Field of Study: Teacher



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

**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? 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? NO 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.

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

Signature: Sherrill Dross Date: Nov 12 2023