



CITY OF COOPER CITY  
CITIZENS RESOURCE SHEET

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

- Business Advisory Board
- Education Advisory Board
- Green Advisory Board
- Planning & Zoning Board
- Public Safety Advisory Board
- Royal Palm Ranches and Lake Maranatha Preservation Board
- Recreation Advisory Board
- Senior Advisory Board

Please choose one:

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

Date: 9-12-2019  
 Name: Kathleen V. Smith Email Address: Gokatgo81@aol.com  
 Home Address: 10030 N.W. 35th St. Cooper City, FL 33024  
 Cell #: 954-895-5893 Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
 Length of Residence in Cooper City 26 Years \_\_\_\_\_ Months  
 Length of Time as Business Person in Cooper City 25 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): \_\_\_\_\_

Serving on the board for Royal Palm Ranches will allow me to communicate to my neighbors what is occurring and changing in the Royal Palm Ranches area of Cooper City.

Experience in Board Subject:

Related Work or Civic Affiliation: Volunteer Service with Griffin Elementary, Fifth Grade Chair person, Volunteer at Pioneer Middle School and Volunteer at Cooper City High College (if appropriate): P.T.A. treasurer at Pioneer middle, Broward Community School and Associate Degree in Science, Legal Assistant Fort Lauderdale College.

Field of Study: Associate in Science in legal Assistant. (Legal Assistant)

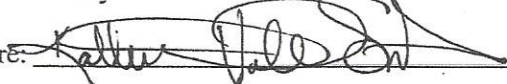
Other professional or technical training (Name of school, course name, etc.): \_\_\_\_\_

**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? \_\_\_\_\_  
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:  Date: ~~9-12-2019~~ 2021  
7-23-21