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**
- ☒ **Senior Advisory Board**
- ☐ **Recreation Advisory Board**

Please choose one:

- ☐ **I wish to be considered by Commissioner** _____ **(please write in name)**
- ☒ **I wish to be considered by any member of the Commission**

Date: May 28, 2021

Name: Heidi J. Stein Email Address: heidi.stein@me.com

Home Address: 10305 Grove Lane Cooper City, FL 33328

Cell #: 954-292-0912 Work #: — Home #: 954-680-8757

Length of Residence in Cooper City 29 Years 7 Months

Length of Time as Business Person in Cooper City N/A 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): _____

I have done volunteer work my whole adult life & enjoy giving back to worthwhile ventures.

Experience in Board Subject:

Related Work or Civic Affiliation: Davie Womans Club, Secretary, guardian ad litem volunteer, planned parenthood volunteer

College (if appropriate): Uof Miami

Field of Study: NURSING

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? N/ 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? N/ If yes, please explain: _____

3. Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City? N/ 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? N/ If yes, please list: _____

5. Is there any other information that you would like to disclose in connection with this application? N/ 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: Heidi J Steen Date: 28 May 2021