CITY OF
Cooper City
Someplace Special

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**
- ☐ **General Employees Pension Board**
- ☐ **Green Advisory Board**
- ☐ **Planning & Zoning Board**
- ☐ **Police Pension Board**
- ☐ **Mental Health & Wellness Advisory Board**
- ☐ **Recreation Advisory Board**
- ☐ **Senior Advisory Board**
- ☐ **Royal Palm Ranches 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: October 4, 2023

Name: Sara Du Cuennois Email Address: saraducuennois@gmail.com

Home Address: 5315 SW 86th Avenue Cooper City, FL

Cell #: 954-695-5448 Work #: 305-348-2628 Home #: 954-695-5448

Length of Residence in Cooper City 41 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): As a higher education professional and longtime resident of Cooper City, I feel deeply about our city and care to preserve it to be Someplace Special. I am a product of the public schools in Cooper City and feel my skills + background can add value to this advisory board.

Experience in Board Subject:

Related Work or Civic Affiliation: Higher Education Professional for 18 years, USF Alumni Association Board of Directors (Tampa)

College (if appropriate): University of South Florida

Field of Study: Public Relations

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: NA

_____

_____

_____

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: Sara DeCuenzo Date: Oct 4, 2023