



CITY OF COOPER CITY CITIZENS RESOURCE SHEET

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

- | | | |
|---|--|---|
| <input type="radio"/> Business Advisory Board | <input type="radio"/> General Employees' Pension Board | <input type="radio"/> Public Safety Advisory Board |
| <input type="radio"/> Charter Review Board | <input type="radio"/> Green Advisory Board | <input type="radio"/> Recreation Advisory Board |
| <input type="radio"/> Education Advisory Board | <input type="radio"/> Planning & Zoning Board | <input type="radio"/> Senior Advisory Board |
| <input type="radio"/> Firefighters Pension Board | <input checked="" type="radio"/> Police Pension Board | <input type="radio"/> Finance Review Advisory Board |
| <input type="radio"/> Mental Health & Wellness 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: 8/5/2022

Name: Marty Sherwood CPA, CGMA, CGFO Email Address: mdsherwood@bellsouth.net

Home Address: 5529 SW 113th Ave Cooper City, Fl. 33330

Cell # 954-401-8319 Work # _____ Home # _____

Length of Residence in Cooper City: 7 Years 4 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): _____

Professional qualifications, education as well as past experience as a public safety (police) pension advisory board member. Please see resume attached.

Experience in Board Subject:

Related Work or Civic Affiliation: Extensive municipal employee benefit and pension experience-Please see resume attached.

College (if applicable): _____

Field of Study: Please see resume attached.

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

Please see resume attached.

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: _____

Thank you for your consideration to serve as an advisory board member to the Police Pension Board.

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: 8/5/2022