



CITY OF COOPER CITY CITIZENS RESOURCE SHEET

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

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Business Advisory Board | <input type="checkbox"/> General Employees Pension Board | <input type="checkbox"/> Public Safety 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 type="checkbox"/> Senior Advisory Board |
| <input type="checkbox"/> Firefighters Pension Board | <input type="checkbox"/> Police Pension Board | <input type="checkbox"/> Finance Review 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: 03/07/2022

Name: Syed Hashem Email Address: syedhashem@yahoo.com

Home Address: 8373 NW 39th Ct Cooper City, FL 33024

Cell #: 5613035588 Work #: _____ Home #: _____

Length of Residence in Cooper City 7 Years 7 Months

Length of Time as Business Person in Cooper City 7 Years 6 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 am a self employed person with lots of flexibility in my day to day schedule. I am passionate about social work on top of my regular job. I think I can contribute a little in city affairs with my experience if I get the chance to do so.

Experience in Board Subject:

Related Work or Civic Affiliation:

College (if appropriate):

Field of Study:

Director, Monterra Home Owners Association

Asst Secretary, Nurul Islam Mosque

Director, Nurul Islam Academy

Science Graduate

Other professional or judicial liability (if not on school records, attach):

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 prohibited violations, such as unpermitted structures, 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 describe.

Please affirm and certify by the following that you understand and agree to the following and acknowledge:

I understand that in accordance with the applicable laws, the information contained in this form and attached is subject to public review.

I understand, if selected, I will represent the district in my jurisdiction, will make every endeavor to serve my constituents and will comply with all laws and ordinances of the City of Cooper City, Broward County and the State of Florida, including those pertaining to the standards to conduct the public election and related municipal elections, and I understand it is my duty to make every effort to conduct my duties with integrity and to be appointed, if such, to the only position available in the Florida Statutes.

I understand that any information or qualifications provided in this application may change without approval from my supervisor.

Signature

[Signature]

Date

10/25/17