

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 Police Pension Board Public Safety Advisory Board Recreation Advisory Board 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: 2/10/22 Name: SAM M HOROWITZ Email Address: SAMSFUTURE OG GMAIL. CO
Home Address: 2625 BASS WAY ROCK CREEK Cooper City, FL Cell #: 305-205-1854 Work #: N/A Home #: N/A
100
Length of Residence in Cooper City 24 Years Months
Length of Time as Business Person in Cooper City ν/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 AM LIFETIME BIKE RIDER, Weight lifter, gym RAT"
I WAS A POSIATRIC FOST & ANKLE SURGEON FOR 43 VRS
AS WELL A CERTIFIED "PEDORTHIL" SPOCIALIST IN SHOE CONSTRUCTION EDESE
Experience in Board Subject:
Related Work or Civic Affiliation: AS A RUNNER have participated in & 10 MARATHONS
Related Work or Civic Affiliation: AS A RUNNER have participated in & 10 MARATHONS College (if appropriate): Use MIRMI GHIO College of PodiATRIC MedicINE Field of Study: FOOTEANKLE SUNGERY. LONG dISTANCE BIKE RIDER
Field of Study: FOOTEANKLE SUNGERY. LONG dISTANCE BIKE RIDER
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	Other professional or technical training (Name of school, course name, etc.):
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	DISCLOSURES: ORTHOTICS & PNOTHER MANAGING A BILLING SERVICE FOR
	Are you or any of your relatives presently employed by the City of Cooper City? 10 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? If yes, please explain:
3.	Do you have any unpaid or delinquent accounts, water bills, etc. owed to the City of Cooper City?
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? If yes, please list:
	Is there any other information that you would like to disclose in connection with this application? If yes, please do so here: I love hiving in Cooper City I AM ENTHOSIASTIC ABOUT CONDITIONING T /IVING TO HEALTHY PRODUCTIVE life. AS A PRIVATE Physician I MANAGED A STAFF OF O employees from whome I learned a lot about I feaquity Along Please affirm and acknowledge that you understand and agree to the following (mark each box): People
	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: 2/10/2022