



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 checked="" type="checkbox"/> General Employees Pension Board | <input checked="" type="checkbox"/> Mental Health & Wellness Advisory Board |
| <input checked="" type="checkbox"/> Charter Review Board | <input checked="" type="checkbox"/> Green Advisory Board | <input checked="" type="checkbox"/> Recreation Advisory Board |
| <input checked="" type="checkbox"/> Education Advisory Board | <input checked="" type="checkbox"/> Planning & Zoning Board | <input checked="" type="checkbox"/> Senior Advisory Board |
| <input checked="" type="checkbox"/> Firefighters Pension Board | <input checked="" type="checkbox"/> Police Pension Board | <input checked="" type="checkbox"/> 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: 6/4/2024

Name: Glenda Luquis-Sanchez Email Address: judgeglenda@gmail.com

Home Address: 11310 Port Street Cooper City, FL ³³⁰²⁶

Cell #: 9542326771 Work #: 9547302625 Home #: _____

Length of Residence in Cooper City 13 Years 10 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): _____

I wish to provide my services to my community.

I wish to serve on any applicable board. In addition, I am interested in the special magistrate.

Experience in Board Subject:

Related Work or Civic Affiliation: Member of my community board -

College (if appropriate): BA - Business - JD - Law

Field of Study: Attorney/hearing officer

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

Member of Florida Bar _____

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: _____

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: 6/4/23