



**CITY OF COOPER CITY  
CITIZENS RESOURCE SHEET**

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

- Business Advisory Board       Planning & Zoning Board       Recreation Advisory Board  
 Education Advisory Board       Public Safety Advisory Board       Senior Advisory Board  
 Green 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

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Date: 11/20/23  
Name: ELSA GARANTIVA Email Address: GLATUNIA@AOL.COM  
Home Address: 1143 SW 90 AVE Cooper City, FL 33328  
Cell #: 784-2249033 Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Length of Residence in Cooper City 32 Years \_\_\_\_\_ Months  
Length of Time as Business Person in Cooper City \_\_\_\_\_ Years \_\_\_\_\_ Months

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**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): \_\_\_\_\_

NEW IDEAS, OLD IDEAS  
\_\_\_\_\_  
\_\_\_\_\_

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**Experience in Board Subject:**

Related Work or Civic Affiliation: \_\_\_\_\_

College (if appropriate): AA

Field of Study: WORK WITH CHILDREN

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? NO 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: 11/20/23