



**Cooper City Commission Meeting  
Agenda Item Request Form**

**Commission Meeting/Workshop Date:** March 19, 2019

**Requesting Department:** Commissioner Curran

**Subject:** Recreation Advisory Board Appointment

**Section:**

*Presentation*

*Consent*

*Regular*

*Discussion*

**Background and Recommendation (attach backup material to Item Request Form):**

Resolution appointing the following members to the Recreation Advisory Board

Iris Brent

by Commissioner Curran

**General Ledger Account Number(s) and Amount(s):**

\_\_\_\_\_

**Approvals:**

Finance Director \_\_\_\_\_ City Manager \_\_\_\_\_ City Clerk \_\_\_\_\_

**RESOLUTION NO. 19-3-3**

**A RESOLUTION OF THE CITY OF COOPER CITY, FLORIDA, DESIGNATING AND APPOINTING OR REAPPOINTING MEMBERS TO THE RECREATION ADVISORY BOARD OF THE CITY OF COOPER CITY, FLORIDA; AND PROVIDING FOR AN EFFECTIVE DATE.**

**WHEREAS**, the City of Cooper City has a duly constituted Recreation Advisory Board, created by Resolution 14-4-1; and

**WHEREAS**, vacancies have occurred and/or the existing terms of members have expired on said Board; and

**WHEREAS**, the City Commission is desirous of filling said vacancies and/or reappointing existing members.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF COOPER CITY, FLORIDA:**

**Section 1:** That the following persons are hereby appointed as members of the Cooper City Recreation Advisory Board in accordance with the provisions of Resolution 14-4-1 and Section 2-116(b)(3) of the City Code, for the term to coincide with the term of office of the appointing Commissioner as designated below:

BY:	APPOINTEE	TERM
Commissioner Curran	Iris Brent	2020

**Section 2:** This Resolution shall be in force and take full effect immediately upon its passage and adoption.

**PASSED AND ADOPTED this 19<sup>th</sup> day of March, A.D., 2019.**

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GREG ROSS  
Mayor

ATTEST:

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KATHRYN SIMS  
City Clerk

**ROLL CALL**

Mayor Ross \_\_\_\_\_  
Commissioner Curran \_\_\_\_\_  
Commissioner Green \_\_\_\_\_  
Commissioner Meltzer \_\_\_\_\_  
Commissioner Pulcini \_\_\_\_\_



**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

Date: 03-05-2019  
Name: Iris Brent Email Address: kbrent954@gmail.com  
Home Address: 4900 SW 88 Terr Cooper City, FL 33328  
Cell #: 954-330-6365 Work #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Length of Residence in Cooper City 4 Years 3 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 would like to be more involved with  
the community.

**Experience in Board Subject:**

Related Work or Civic Affiliation: volunteer at Cooper City Elem.  
College (if appropriate): and committee head for several events.  
Field of Study: \_\_\_\_\_  
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: \_\_\_\_\_

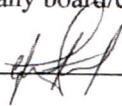
5. Is there any other information that you would like to disclose in connection with this application? \_\_\_\_\_  
If yes, please do so here: \_\_\_\_\_

**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: 03-05-2019