TRI-PAR ESTATES PARK & RECREATION DISTRICT

APPLICATION FOR ADMINISTRATIVE COMMITTEE APPOINTMENT

Submit completed forms to the Tri-Par Administration Office (1616 Presidio Street) or via email to general@triparestates.com.

PART 1: APPLICANT INFORMATION

- **Full Legal Name:** _____
- **Tri-Par Property Address:** _____
- **Mailing Address (if different):** _____
- **Primary Phone Number:** _____
- **Email Address:** _____

PART 2: ELIGIBILITY VERIFICATION

- Are you a registered voter in Sarasota County, FL using your Tri-Par address?
  [ ] **YES** / [ ] **NO**
- Are you a full-time resident or a seasonal resident?
  [ ] **FULL-TIME** / [ ] **SEASONAL** (If seasonal, list months in district: _____)

PART 3: COMMITTEE SELECTION

Please check the specific committee you are applying to join:

- [ ] **Architectural Review Committee (ARC)**
- [ ] **Compliance Committee**
- [ ] **Other Proposed/Special Task Force:** _____

PART 4: QUALIFICATIONS & CONTEXT

1. Briefly describe your professional, personal, or military background that qualifies you for this position:

_____

_____

2. Why are you interested in volunteering for this specific committee at Tri-Par Estates?

_____

_____

3. Do you have any conflicts of interest (such as a pending architectural application, or a personal or business relationship with active district contractors) that the Board should be aware of?

_____

PART 5: ACKNOWLEDGMENT & SIGNATURE

By signing below, I understand and agree to the following terms required of independent special district public volunteers under Florida law:

1. **Sunshine Law Compliance:** I understand that all official committee business must be conducted transparently in public, and I will not discuss committee matters with other committee members outside of a noticed public meeting.
2. **Public Records Law:** I understand that all documentation, emails, and notes regarding my work on this committee are legally public records under Chapter 119 of the Florida Statutes.
3. **Meeting Attendance:** I agree to regularly attend scheduled committee meetings, workshops, and required hearings.
4. **Final Authority:** I understand that the committee acts as an advisory body, and all final legal decisions rest solely with the elected Board of Trustees.

Applicant Signature: _____ Date: _____

[INTERNAL ADMINISTRATIVE OFFICE USE ONLY]

- **Date Application Received: _____ Received By: _____**
- **Date Presented to the Board of Trustees: _____**
- **Board Action taken:** [ ] **APPROVED** / [ ] **DENIED** / [ ] **TABLED**
- **Attesting Trustee Signature: _____ Date: _____**