



## 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](mailto: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/ARC)
  - ☐ Compliance Committee
  - ☐ Rules & Regulations 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: \_\_\_\_\_
- Elector Status Verified via Sarasota Supervisor of Elections Office: ☐ YES / ☐ NO
- Date Presented to the Board of Trustees: \_\_\_\_\_
- Board Action taken: ☐ APPROVED / ☐ DENIED / ☐ TABLED
- Attesting Trustee Signature: \_\_\_\_\_ Date: \_\_\_\_\_