

**PLANTATION ACRES IMPROVEMENT DISTRICT
COMMISSIONER INFORMATION**

APPLICANT INFORMATION					
Last Name		First		Middle Name	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			

I HEREBY CERTIFY THAT I AM QUALIFIED UNDER THE LAWS OF THE STATE OF FLORIDA, AND THE CHARTER OF THE PLANTATION ACRES IMPROVEMENT DISTRICT TO HOLD OFFICE AS A COMMISSIONER FOR THE PLANTATION ACRES IMPROVEMENT DISTRICT:

BY: _____

PRINT NAME: _____

DATE: _____

PLEASE RETURN THE COMMISSIONER INFORMATION FORM AND THE ANSWERS TO THE QUESTIONS FOR APPLICANTS TO THE PLANTATION ACRES IMPROVEMENT DISTRICT VIA E-MAIL ONLY TO CARMEN MIRONES, DISTRICT MANAGER AT CARMEN_MIRONES@PAIDFL.ORG NO LATER THAN 12:00 NOON ON MONDAY, MAY 18, 2026, IN ORDER TO HAVE YOUR APPLICATION FOR COMMISSIONER TO BE CONSIDERED BY THE PLANTATION ACRES IMPROVEMENT DISTRICT BOARD.

PURSUANT TO SECTION (5), PARAGRAPH (3) OF THE PLANTATION ACRES IMPROVEMENT DISTRICT CHARTER, THE PLANTATION ACRES IMPROVEMENT DISTRICT BOARD WILL CONSIDER ALL APPLICATIONS SUBMITTED PRIOR TO THE DEADLINE AT THE REGULAR MEETING SCHEDULE FOR MAY 28, 2026, AT 7:00 PM AT THE PLANTATION ACRES IMPROVEMENT DISTRICT HEADQUARTERS LOCATED AT 1701 NW 112TH AVENUE, PLANTATION, FLORIDA 33323.

**QUESTIONS FOR APPLICANTS FOR
PLANTATION ACRES IMPROVEMENT DISTRICT COMMISSIONER**

Name: _____

Please answer the following questions. Use additional pages, if necessary.

1. Do you have prior public service experience? If so, where and when?

2. Are you an owner or principal of any business?

3. Do you know of any reason why you would not be able to attend regular meetings of the Board every month (e.g., other obligations, frequent travel, etc.)?

4. Please provide a brief overview of your employment history.

5. What motivated you to become a commissioner?

SIGNATURE:

By: _____

Print Name: _____

Date: _____