RELATIONSHIP DISCLOSURE FORM
FOR USE WITH DEVELOPMENT RELATED ITEMS, EXCEPT THOSE WHERE THE COUNTY IS THE PRINCIPAL OR PRIMARY APPLICANT

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS:
Name: ______________________________________________________
Business Address (Street/P.O. Box, City and Zip Code): ______________________
____________________________________________
Business Phone ( )_______________________
Facsimile ( )____________________________

INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE:
Name: ______________________________________________________
Business Address (Street/P.O. Box, City and Zip Code): ______________________
____________________________________________
Business Phone ( )_______________________
Facsimile ( )____________________________

INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE:
(Agent Authorization Form also required to be attached)
Name: ______________________________________________________
Business Address (Street/P.O. Box, City and Zip Code): ______________________
____________________________________________
Business Phone ( )_______________________
Facsimile ( )____________________________
Part II

IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

___ YES  ___ NO

IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?

___ YES  ___ NO

IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC? (When responding to this question please consider all consultants, attorneys, contractors/subcontractors and any other persons who may have been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with obtaining approval of this item.)

___ YES  ___ NO

If you responded “YES” to any of the above questions, please state with whom and explain the relationship:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Use additional sheets of paper if necessary)
Part III
ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

_____________________________ Date: _____________________
Signature of △Owner, △Contract Purchaser or △Authorized Agent

Print Name and Title of Person completing this form: ____________________________

STATE OF FLORIDA : COUNTY OF __________ :

I certify that the foregoing instrument was acknowledged before me this _____ day of __________ , 20__ by __________________________. He/she is personally known to me or has produced ______________________ as identification and did/did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____________, in the year __________. __________________

(Notary Seal)
Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: ____________________________

Staff signature and date of receipt of form
____________________________________________
Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.