



City of North Miami Beach, Florida

APPLICATION FOR EASTERN SHORES SECURITY GUARD SPECIAL TAXING DISTRICT ("ESSGSTD") BOARD

THE EASTERN SHORES SECURITY GUARD SPECIAL TAXING DISTRICT BOARD WAS ESTABLISHED FOR THE PURPOSE OF COUNSELING THE CITY COMMISSION AS TO THE NEEDS, PLANNING REQUIREMENTS, DEVELOPMENT AND MANAGEMENT OF THE SAFETY AND SECURITY PROGRAMS WITHIN ESSGSTD.

THE ESSGSTD ADVISORY BOARD SHALL BE COMPOSED OF FIVE (5) MEMBERS, WHO SHALL BE OWNERS OF REAL PROPERTY WITHIN THE ESSGSTD.

(PLEASE PRINT CLEARLY)

1. NAME: Hilda (Toni) Diaz
2. HOME ADDRESS: 3545 NE 166th Street, #509
CITY: North Miami Beach STATE: Florida ZIP: 33160
3. BUSINESS NAME: N/A
BUSINESS ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
4. CONTACT NO: (HOME) _____ (BUSINESS) _____
CELL: 415.314.7712 EMAIL ADDRESS: tonidiaz13@gmail.com
FAX: _____
5. ARE YOU A RESIDENT OF THE CITY OF NORTH MIAMI BEACH OR DO YOU WORK IN THE CITY OF NORTH MIAMI BEACH?
RESIDENT Yes WORK Yes (YES OR NO)
6. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO X
7. HIGHEST LEVEL OF EDUCATION AND OCCUPATION:
Some College

8. ARE YOU RELATED TO A CITY EMPLOYEE? YES _____ NO X _____
(IF YES, PLEASE STATE THE NAME OF THE EMPLOYEE AND THE DEPARTMENT IN WHICH HE/SHE WORKS: _____)

9. EMPLOYMENT HISTORY (PLEASE INCLUDE EMPLOYER, POSITION, YEARS SERVED):

PRESENT STATUS: Humane Society of Greater Miami

2011 to Present

_____ to _____

_____ to _____

10. HAVE YOU EVER SERVED ON AN ADVISORY BOARD OR COMMITTEE DEALING WITH SECURITY GUARD SPECIAL TAXING DISTRICT MATTERS (IF SO PLEASE LIST WHERE, WHEN, AND IN WHAT CAPACITY)

No

11. PLEASE STATE YOUR REASON FOR INTEREST IN APPLYING FOR THE ESSGSTD ADVISORY BOARD:

As a long time resident of Eastern Shores, I am concerned about the safety of our residents.

12. PLEASE LIST QUALIFICATIONS, TALENTS, OR EXPERTISE AS IT RELATES TO MEMBERSHIP FOR THIS BOARD:

Aside from my professional skills as a fundraiser for a local charity, I believe my the skills I will bring to the board is my ability to establish trust, to listen, and to show compassion for others.

CERTIFICATION

I CERTIFY UNDER OATH, AND PENALTY OF PERJURY, THAT ALL INFORMATION SHOWN ABOVE IS TRUE AND CORRECT. I DO UNDERSTAND THAT ANY APPOINTMENT TO A BOARD, COMMITTEE, COMMISSION OBTAINED ON A MISREPRESENTATION OF A MATERIAL FACT SHALL BE NULL AND VOID.

APPLICATION DATE: 9/829/21

APPLICANT'S SIGNATURE:

Toni Diaz

APPOINTMENT DATE: _____ BY _____