

*For Staff Use Only:*  
Initially submitted on \_\_\_\_\_  
Updated on \_\_\_\_\_  
Project Name (as filed) \_\_\_\_\_  
Case Number \_\_\_\_\_

**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.

For  
staff  
use  
only

**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 \_\_\_\_\_

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**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:

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(Use additional sheets of paper if necessary)

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**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.

\_\_\_\_\_  
Signature of Owner, Contract Purchaser  
or Authorized Agent

Date: \_\_\_\_\_

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.