	ST	_	LEMPLOYME			ission ATION (EEC	<b>)</b> 4)		APPROVED BY OMB 30460008	
			CHOOL SYSTE						EXPIRES 12/31/2005	
			ER INFORMAT	•					MPLETED M TO:	
		<u>C</u>	CONTROL NUM Survey	MBER: 1220036 Year: 17	50			EEO-4 Repo	orting Center ox 8127 /A 20195	
			A TVPF (	E COVERNM	ENT (Check or	ne hov only)				
	1. State	<b>✓</b>	2. County	I GOVERNIN	3. City		4. Township		5. Special District	
	6. Other (Specif	fv)		•						
	(=			R IDENTI	FICATION					
B. IDENTIFICATION  1. NAME OF POLITICAL JURISDICTION (If same as label, skip to Item C)										
LEE COUNTY										
2. Ado	dressNumber and	l Street	CITY/	ΓΟWN				STATE/ZIP		
2	115 SECOND S	T	FORT I	MYERS	L	EE	FL-3	3901	В	
				C. FUN	ICTION					
(Check one	box to indicate the	function(s) for whi	ch this form is bei			d for all department	ts and agencies in v	our government c	overed by the	
1				-	-	showing name and		-	-	
	SUMMARY FUN	ICTION								
<b>V</b>	purchasing, centra	nistration. Tax billi	milar financial adr	ninistration		visiting nurses, fo	vision of public hea od and sanitary ins	-		
	carried on by a tre	asurer's, auditor's o	or comptroller's off	ice and		rehabilitation serv				
	GENERAL CON	TROL. Duties usua	lly performed by b	oards of			de enforcement, lo ment, housing for o	-	-	
	*	nmissioners, centra				control.	,	,,	,	
	- ·	personnel or planni s, magistrates, baili		licial offices and						
V	2. STREETS ANI	O HIGHWAYS. M	aintenance, repair,		<b>Z</b>		Y DEVELOPMEN	_	g, land	
V		streets, alleys, side					n space, beautificat		1 10	
<u> </u> <b>⊼</b> 1		FARE. Maintenanc stration of public as d as item7.)					NS. Jails, reformat arole and probation		mes, halfway	
	4. POLICE PROT	ECTION. Duties of er's office, etc., inc			V		ND TRANSPORT			
	employees engage	ed in police activition	es.							
5. FIRE PROTECTION. Duties of the uniformed fire force and clerical employees. (Report any forest fire protection activities as item 6.)					<u> </u>	collection and disp	N AND SEWAGE. posal. Provision, m ystems and sewage	aintenance and op	-	
Ø	irrigation drainage, flood control, etc., and PARKS AND RECREATION. Provision, maintenance and operation parks, playgrounds, swimming pools, auditoriums, museums, marina						NT SECURITY ST		IENTS ONLY	
	zoos, etc. 7. HOSPITALS A	ND SANATORIU	MS. Operation and	l maintenance of		15. OTHER (Spec	cify on Page Four)			

institutions for inpatient medical care.

FUNCTION TYPE 1

		FUNCTION	N TYPE 1								
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)						
ot Applicable											
*LIST AGENCIES INCLUDED ON THIS FORM***											
nimal Svcs., Budget Svcs., Cnty. Attorney, Cnty. Comm., Cnty. Admin., Fleet, H.R., Libraries, Pub. Sfty, Procurement, Tech. Svcs., VCB											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO	CONTACT REGARDING THIS	S FORM		TITLE							
	Rosanna Music		Co	mpliance Specia	list						
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NUMBER						
2115 Second	St.,Fort Myers,Florida,33901		239-533-2245	32015	239-48	5-2094					
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V					

Rosanna Music Compliance Specialist

2017-09-28

rmusic@leegov.com

D. EMPLOYMENT DATA AS OF JUNE 30										FUNCTIO	N TYPE 2					
(0)	I	l		:	1. FULL-T	IME EMPLO	OYEES (Te				included)	)				
ZE SE		HISP	ANIC						CE/ETHNICI	TY IC OR LATING						1
EG0	ANNUAL SALARY		)R			MA	ALE		NOIN-IIIBI AIN	C OK EATHW		FEM	IALE			TOTALS
JOB CATEGORIES	(In thousands 000)	MALE A	FEMALE B	WHITE C	BLACK OR AFRICAN AMERICAN D	ASIAN E	NATIVE HAWAIAN OR OTHER PACIFIC ISLANDER F	AMERICAN INDIAN OR ALASKAN NATIVE G	TWO OR MORE RACES H	WHITE I	BLACK OR AFRICAN AMERICAN J	ASIAN K	NATIVE HAWAIAN OR OTHER PACIFIC ISLANDER, L	AMERICAN INDIAN OR ALASKAN NATIVE M	TWO OR MORE RACES N	(COLUMN S A-N)
ø	1. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ator	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nistr	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ē	4. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A b	5. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
le sie	6. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Officials and Administrators	7. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
•	8. 70.0 Plus	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	9. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
sle	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
sion	12. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	13. 33.0-42.9	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
_ <u>~</u>	14. 43.0-54.9	0	0	3	0	0	0	0	0	3	0	1	0	0	0	7
	15. 55.0-69.9	0	1	9	0	0	0	0	0	2	0	0	0	0	0	12
	16. 70.0 Plus	0	0	16	0	1	0	0	0	6	0	1	0	0	0	24
	17. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ans	19. 20.0-24.9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	20. 25.0-32.9	1	1	1	0	0	0	0	0	4	0	0	0	0	0	7
Tec	21. 33.0-42.9	0	3	13	2	0	0	0	0	4	0	0	0	0	0	22
	22. 43.0-54.9	1	0	9	1	0	0	0	0	1	0	0	0	0	0	12
	24. 70.0 Plus	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
	25. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Workers	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	27. 20.0-24.9		0	0	0	_	0	0	0	0	0	0	0	0	0	
vice	28. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ser	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Service	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
rote	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
_	32. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ø	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paraprofessionals	35. 20.0-24.9	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
ess	36. 25.0-32.9	0	0	1	1	0	0	0	0	2	0	0	0	0	0	4
prof	37. 33.0-42.9	0	0	3	0	0	0	0	0	4	0	0	0	0	0	7
Pare	38. 43.0-54.9	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
	39. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	40. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>-</b>	41. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ppor	42. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e Sul	43. 20.0-24.9	2	2	3	2	0	0	0	0	9	4	0	0	0	0	22
rativ	44. 25.0-32.9	0	0	0	1	0	0	0	0	6	0	0	0	1	0	8
inist	45. 33.0-42.9	1	3	0	0	0	0	0	0	11	2	1	0	0	0	18
Administrative Support	46. 43.0-54.9 47. 55.0-69.9	0	0	0	0	0	0	0	0	5	0	0	0	0	0	5
_	47. 55.0-69.9 48. 70.0 Plus	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	70. /U.U PIUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

		FUNCTION	N TYPE 2							
REMARKS (List National Crime l	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ita are included i	n this report)					
ot Applicable										
**LIST AGENCIES INCLUDED ON THIS FORM***										
OT Transportation, DOT Engineering, DOT Operations, DOT Tolls, DOT Traffic										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO	CONTACT REGARDING THE	S FORM		TITLE						
	Rosanna Music		Со	mpliance Specia	llist					
ADDRESS (Number and Street, City, State, Zip Code)  TELEPHONE NUMBER  Ext FAX NUMBER										
2115 Second St.,Fort Myers,Florida,33901 239-533-2245 32015 239-485-2094										
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V				

Rosanna Music Compliance Specialist

2017-09-28

rmusic@leegov.com

FUNCTION TYPE 3

					D. EMPI										1000110	N TYPE 3
- Gr	<del>                                     </del>				1. FULL-T	IME EMPLO	OYEES (Te		employees CE/ETHNICI		included	)				
JOB CATEGORIES		HIST	ANIC							IC OR LATING	0					
8	ANNUAL SALARY	(	OR			MA	ALE		NON-INSI AIV	IC OK LATIN	<u> </u>	FEM	IALE			TOTALS
ATE	(In thousands	LAT MALE	FEMALE	WHITE	BLACK	ASIAN	NATIVE	AMERICAN	TWO	WHITE	BLACK	ASIAN	NATIVE	AMERICAN	TWO	(COLUMN
D D	000)	A	B	C	OR		HAWAIAN	INDIAN	OR	I	OR	K	HAWAIAN	INDIAN	OR	S A-N)
흑					AFRICAN AMERICAN	E	OR OTHER	OR ALASKAN	MORE RACES		AFRICAN AMERICAN		OR OTHER	OR ALASKAN	MORE RACES	
					D		PACIFIC	NATIVE	Н		J		PACIFIC	NATIVE	N	
							ISLANDER F	G					ISLANDER, L	M		
90	1. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atoi	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nistr	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ē	4. 25.0-32.9	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
A b	5. 33.0-42.9	0	4	3	0	0	0	0	0	7	2	0	0	0	0	16
Officials and Administrators	6. 43.0-54.9				1						l					
ficia	7. 55.0-69.9	0	3	0	0	0	0	0	0	4	1	0	0	0	0	8
8	8. 70.0 Plus	0	2	2	0	0	0	0	0	7	0	0	0	0	0	11
	9. \$0.1-15.9	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nals	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	12. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
rofe	13. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
_	14. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	15. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	16. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	17. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
sus	19. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nici	20. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	21. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	22. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	23. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	24. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
یو	25. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
rke	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e Wc	27. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
, ig	28. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e Se	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ectiv	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Service Workers	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-	32. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nals	35. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ssio	36. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paraprofessionals	37. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
arap	38. 43.0-54.9	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
<u> </u>	39. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	40. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	41. \$0.1-15.9	0	0	0	0	0	0		0	0	0			0	0	0
ţ	42. 16.0-19.9							0			ĺ	0	0			
od dr	43. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support	44. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
rativ	45. 33.0-42.9	0	2	0	0	0	0	0	0	2	0	0	0	0	0	4
inist	46. 43.0-54.9	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
- E		0	0	1	0	0	0	0	0	1	0	0	0	1	0	3
~	47. 55.0-69.9 48. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	46. /U.U Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

FUNCTION TYPE 3											
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included	in this report)						
Not Applicable	ot Applicable										
***LIST AGENCIES INCLUDED ON THIS FORM***											
Human and Veteran Services											
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying nstructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)											
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE							
	Rosanna Music		Con	mpliance Speci	alist						
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER					
2115 Second St.,Fort Myers,Florida,33901 239-533-2245 32015 239-485-2094											
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	N					
2017-09-28 rmusic@leegov.com Rosanna Music Compliance Specialist											

FUNCTION TYPE 6

EG	ANNUAL SALARY (In thousands 000)	HISP. O LAT MALE	R	:	1. FULL-T	IME EMPLO	YEES (Ter	RA	mployees CE/ETHNICI NON-HISPANI	TY						<u> </u>
JOB CATEGORIES	SALARY (In thousands	O LAT MALE	R													l
JOB CATEGO	SALARY (In thousands	O LAT MALE	R													
JOB CATE	(In thousands	MALE	INO		MALE FEMALE								IALE			TOTALS
JOB C	000)		FEMALE	WHITE	BLACK	ASIAN	NATIVE	AMERICAN	TWO	WHITE	BLACK	ASIAN	NATIVE	AMERICAN	TWO	(COLUMN
ᅙ		A	B B	C	OR		HAWAIAN	INDIAN	OR	I	OR	K K	HAWAIAN	INDIAN	OR	S A-N)
					AFRICAN AMERICAN	E	OR OTHER	OR ALASKAN	MORE RACES		AFRICAN AMERICAN		OR OTHER	OR ALASKAN	MORE RACES	
					D		PACIFIC	NATIVE	Н		J		PACIFIC	NATIVE	N	
							ISLANDER F	G					ISLANDER, L	М		
<u>د</u> و	1. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
atoi 2	2. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
nistr -	3. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ē	4. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P P	5. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Officials and Administrators	6. 43.0-54.9															
ficia	7. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	9. \$0.1-15.9	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
⊢		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
⊢	10. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
l slan	11. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diss 1	12. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
🖻  -	13. 33.0-42.9	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
<u> </u>	14. 43.0-54.9	0	0	3	0	0	0	0	0	3	0	0	0	0	0	6
1	15. 55.0-69.9	0	1	6	0	0	0	0	0	4	0	0	0	0	0	11
1	16. 70.0 Plus	2	0	9	0	2	0	0	0	3	0	0	0	0	0	16
1	17. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	18. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>8</u>	19. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	20. 25.0-32.9	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Technicians	21. 33.0-42.9	0	1	2	1	0	0	0	0	5	0	0	0	0	0	9
	22. 43.0-54.9	0	1	3	0	0	0	0	0	6	0	0	0	0	0	10
2	23. 55.0-69.9	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
2	24. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>φ</b> 2	25. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e Workers	26. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	27. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	28. 25.0-32.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
95 g	29. 33.0-42.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
cti.	30. 43.0-54.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Protective Servic	31. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	32. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	33. \$0.1-15.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	34. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>se</u> 3	35. 20.0-24.9	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
, is 3	36. 25.0-32.9	2	0	7	0	0	0	0	0	4	0	0	0	1	0	
ا قب ا	37. 33.0-42.9	0	1	7	1	0	0	0	0	8	2	0	0	0	0	14 19
<b>D</b> 3	38. 43.0-54.9	0	3	6	1	0	0	0	0	12	0	0	0	0	0	
	39. 55.0-69.9															22
⊢	40. 70.0 Plus	0	0	14	1	0	0	0	0	5	0	0	0	0	0	20
<b></b>	41. \$0.1-15.9	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
⊢	42. 16.0-19.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ĕ ⊢	43. 20.0-24.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
e Su		0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
afia   4	44. 25.0-32.9	0	1	0	0	0	0	0	0	7	0	0	0	0	0	8
nistr	45. 33.0-42.9	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
<u>E</u> 4	46. 43.0-54.9	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
⊢	47. 55.0-69.9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	48. 70.0 Plus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

		FUNCTION	N TYPE 6							
REMARKS (List National Crime I	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)					
Not Applicable										
***LIST AGENCIES INCLUDED	ON THIS FORM***									
Natural Resources, Parks & Recreation, Sports Development										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE						
	Rosanna Music		Со	mpliance Specia	ılist					
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER				
2115 Second St.,Fort Myers,Florida,33901 239-533-2245 32015 239-485-2094										
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								
2017-09-28	2017-09-28 rmusic@leegov.com Rosanna Music Compliance Specialist									

		FUNCTION	TYPE 10							
REMARKS (List National Crime Information Center (NCIC) number assigned to any Criminal Justice Agencies whose data are included in this report)										
Not applicable										
***LIST AGENCIES INCLUDED ON THIS FORM***										
Community Development, Procurement, Facilities Construction & Design, County Lands, Economic Development										
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)										
NAME OF PERSON TO	CONTACT REGARDING THIS	S FORM		TITLE						
	Rosanna Music		Co	mpliance Specia	alist					
ADDRESS (Number and Street, City, State, Zip Code)  TELEPHONE NUMBER  Ext  FAX NUMBER										
2115 Second	St.,Fort Myers,Florida,33901		239-533-2245	32015	239-48	5-2094				
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE								

2017-09-28

rmusic@leegov.com

Rosanna Music Compliance Specialist

(Lines 75-82)

FUNCTION TYPE 12									
REMARKS (List National Crime I	nformation Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	n this report)				
Not Applicable									
***LIST AGENCIES INCLUDED ON THIS FORM***									
Transit, Utilities									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE					
	Rosanna Music		Со	mpliance Specia	list				
ADDRESS (Number	er and Street, City, State, Zip Coo	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
2115 Second St.,Fort Myers,Florida,33901 239-533-2245 32015 239-485-2094									
DATE	EMAIL	TYPED NA	AME/TITLE OF AUTHORIZED	OFFICIAL	SIGNATURE	V			
2017-09-28	rmusic@leegov.com	Ro	sanna Music Compliance Specia	list					

FUNCTION TYPE 13									
REMARKS (List National Crime	Information Center (NCIC) number	r assigned to any	Criminal Justice Agencies whose da	ta are included i	in this report)				
Not Applicable									
***LIST AGENCIES INCLUDED ON THIS FORM***									
Solid Waste									
CERTIFICATION. I certify that the information given in this report is correct and true to the best of my knowledge and was reported in accordance with accompanying instructions. (Willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.)									
NAME OF PERSON TO	CONTACT REGARDING THI	S FORM		TITLE					
	Rosanna Music		Со	mpliance Specia	alist				
ADDRESS (Numb	er and Street, City, State, Zip Co	de)	TELEPHONE NUMBER	Ext	FAX NU	JMBER			
2115 Second St.,Fort Myers,Florida,33901 239-533-2245 32015 239-485-2094						5-2094			
DATE	EMAIL	TYPED NAME/TITLE OF AUTHORIZED OFFICIAL SIGNATURE							
2017-09-28 rmusic@leegov.com Rosanna Music Compliance Specialist									