

EXHIBIT A
PROPERTY DESCRIPTION

Econ River Wilderness Area – [REDACTED]

36213130000600000

SEC 36 TWP 21S RGE 31E W 1/4 OF NW 1/4 OF SE 1/4

And

36213130000200000, 36213130000700000

SEC 36 TWP 21S RGE 31E SE 1/4 OF NE 1/4 OF SE 1/4 & W 1/2 OF SW 1/4 OF NE 1/4 OF SE 1/4 & E 3/4
OF S 1/2 OF NW 1/4 OF SE 1/4 & S 1/2 OF SE 1/4 & S 3/4 OF E 1/2 OF SW 1/4

And

312132300002A0000

SEC 31 TWP 21S RGE 32E S 3/8 OF SEC W OF ECONLOCKHATCHEE RIVER

"EXHIBIT B"

Econ River Wilderness Area

- 1.) Locking and unlocking gates, at times prescribed by the County.
- 2.) Conducting weekly patrols of the property at varying times to provide a visible presence and inspect for any vandalism, equipment or property damage or other unusual incidents or activity.
- 3.) Mow and weed-eat residence and entrance/parking area at minimum once every two weeks during the growing season.
- 4.) Police the parking, kiosk area and adjacent roadside for trash and debris at least twice per week.
- 5.) Trim vegetation from parking area fence lines at least once per month.
- 6.) Trim the two entrance trails (Red Trails to drivable section) at least once per month.
- 7.) Check for and remove dog waste on entrance trails (Parking area to intersection of drivable section) and restock dog waste bag dispenser at least once per week.
- 8.) Check weekly and empty trash receptacles at the kiosk as needed.
- 9.) Provide accurate monthly documentation of time spent conducting caretaker duties on forms provided by the County.
- 10.) Other tasks related to the maintenance and security of the property.

EXHIBIT C

Seminole County Natural Lands Caretaker Performance Report

Month:	Year:	Property:		
Date	Start	Finish	Task	Equipment log/hours

I attest all information contain herein is an accurate account of time spent conducting listed activities.

Signature: _____ Date: _____

Issue with Residence:

Issue on property:

Other Notes:

EXHIBIT D

SEMINOLE COUNTY ACCIDENT/INCIDENT LOSS REPORT	TO BE COMPLETED BY INSURANCE/SAFETY COUNTY CLAIM NO.	INS Y N
	PREVENTABLE YES NO S.O. INITIALS _____	TPA Y N DATE:

SEND ORIGINAL OF THIS REPORT TO:
RISK MANAGEMENT SAFETY OFFICE

TYPE OF INCIDENT/ACCIDENT

MOTOR VEHICLE FILL OUT SECTIONS I, II, V, VI AND VII

PUBLIC INVOLVEMENT FILL OUT SECTIONS I, III, V, VI AND VII

DAMAGE TO COUNTY PROPERTY FILL OUT SECTIONS I, IV, V, VI AND VII

THEFT/VANDALISM FILL OUT SECTIONS I, IV, V, VI AND VII

OTHER FILL OUT THE APPROPRIATE SECTIONS INCLUDING SECTION VI AND VII

I. GENERAL INFORMATION		
EMPLOYEE NAME	EMPLOYEE OCCUPATION	DATE OF OCCURRENCE
DEPARTMENT	DIVISION	TIME A.M./P.M.
LOCATION OF ACCIDENT/INCIDENT (STREET, CITY, ZIP CODE)		

II. MOTOR VEHICLE ACCIDENT	
VEHICLE BCC NO.	NATURE AND EXTENT OF DAMAGE
TYPE OF VEHICLE	INVESTIGATING OFFICER REPORT NO. (ATTACH A COPY AND CITATION)
INVESTIGATING AGENCY	
DAMAGE TO OTHER VEHICLE: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> SECOND COUNTY VEHICLE	
TAG NO. OR COUNTY BCC #	NATURE AND EXTENT OF DAMAGE
TYPE OF VEHICLE:	OWNER NAME/ADDRESS (IF OTHER THAN OPERATOR)
OPERATOR NAME/ADDRESS	

III. PUBLIC INVOLVEMENT (PERSONAL INJURY OR PROPERTY DAMAGE)		
NAME	ADDRESS	PHONE NO.
EXTENT OF INJURIES:		

PRIVATE PROPERTY DAMAGE
TYPE OF EQUIPMENT/EXTENT OF DAMAGE:

(OVER)


IV. DAMAGE TO OR LOSS OF COUNTY PROPERTY			
MATERIALS AND EQUIPMENT DAMAGED, DESTROYED, LOST OR STOLEN			
NAME OF ITEM	DESCRIPTION OF DAMAGE	BCC NO.	ESTIMATED COST TO REPAIR/REPLACEMENT
V. WITNESSES / DESCRIPTION OF ACCIDENT / INCIDENT			
WITNESS NAME	ADDRESS (STREET, CITY, ZIP CODE)	PHONE NO.	
DESCRIPTION OF INCIDENT:			
YOUR DIAGRAM OF ACCIDENT (INCLUDE STREET NAMES, SPECIFIC LOCATION, TRAVEL DIRECTIONS):			INDICATE NORTH  BY ARROW
WEATHER CONDITIONS: <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
<input type="checkbox"/> ADDITIONAL PAGES ATTACHED.		PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYEE SIGNATURE	PRINT NAME	DATE	
VI. SUPERVISOR'S COMMENTS			
CORRECTIVE ACTION TAKEN: (check appropriate boxes)		<input type="checkbox"/> ADDITIONAL TRAINING CONDUCTED <input type="checkbox"/> UNSAFE CONDITION CORRECTED THROUGH ENGINEERING <input type="checkbox"/> CHANGE MADE IN OPERATING PROCEDURES <input type="checkbox"/> REQUEST SAFETY OFFICE RECOMMENDATION <input type="checkbox"/> DISCIPLINARY ACTION TAKEN <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	
EXPLAIN:			
SUPERVISOR SIGNATURE	PRINT NAME	DATE	
VII. DEPARTMENT REVIEW			
CONTENTS REVIEWED. ADDITIONAL COMMENTS:			
MANAGER SIGNATURE	DATE	DIRECTOR SIGNATURE	DATE

Exhibit E

**Natural Lands Resident Caretaker Lease Agreement
Occupant List**

The undersigned acknowledge(s) that he/she will be living with the Caretaker, (name) _____, at the Residence located at (address) _____. In consideration of living at the Residence the undersigned agree(s) to abide by the rules, restrictions, and limitations imposed upon the Caretaker under the Resident Caretaker Lease Agreement.

Caretaker agrees that the Residence is to be used and occupied as a private dwelling only by the Caretaker and his or her immediate family consisting of the following named persons:

Print Name	Age	Signature, <i>not required for minors</i>
_____	_____	_____
_____	_____	_____

Except those named above, no other person shall be permitted to reside either temporarily or permanently in the Residence without the prior written consent of the COUNTY.

ANY OCCUPANT OVER EIGHTEEN (18) YEARS OF AGE HEREBY AGREES AND CONSENTS TO A LEVEL 2 CRIMINAL BACKGROUND CHECK TO BE PERFORMED BY THE COUNTY. A CRIMINAL BACKGROUND CHECK IS NOT REQUIRED FOR CURRENT MEMBERS OF LAW ENFORCEMENT.