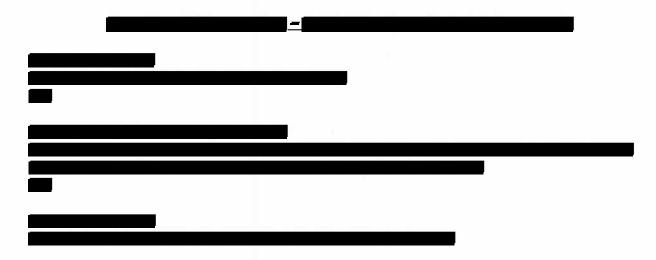
# EXHIBIT A PROPERTY DESCRIPTION



#### "EXHIBIT B"

- 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, once every two weeks during the growing season, and monthly or as needed during the rest of the year
- 9.) Check weekly and empty trash receptacles at the kiosk as needed.
- 10.) Provide accurate monthly documentation of time spent conducting caretaker duties on forms provided by the County.
- 11.)Other tasks related to the maintenance and security of the property.

## **EXHIBIT C**

## Seminole County Natural Lands Caretaker Performance Report

Date Start Finish Task Equipment log/hours	Month: Year:		ar:	Property:				
	Date	Start	Finish	Task	Equipment log/hours			
				, i				
				1 1				
				4:				

I attest all information contain herein is an acc	urate account of time spent conducting listed activities.
Signature:	Date:

Issue with Residence:	
Issue on property:	
Other Notes:	

### xh t

# SEMINOLE COUNTY ACCIDENT/INCIDENT LOSS REPORT

SEND ORIGINAL OF THIS REPORT TO: RISK MANAGEMENT SAFETY OFFICE

TO BE COMPLETED BY INSURANCE/SAFETY COUNTY CLAIM NO.	INS Y N
PREVENTABLE YES NO	TPA Y N
S.O. INITIALS	DATE:

TYPE OF INCIDENT/ACCIDENT								
☐ MOTOR VEHICLEFILL OUT SECTIONS I, II, V, VI AND VII								
FILL OUT SECTIONS	I, III, V, VI AND VII							
FILL OUT SECTIONS	I, IV, V, VI AND VII							
FILL OUT SECTIONS	I, IV, V, VI AND VII							
FILL OUT THE APPRO	OPRIATE SECTIONS I	NCLUDING SECTION VI AND VII						
L CENEDAL II	NEODMATION							
DIVISION		TIME A.M./P.M.						
CITY, ZIP CODE)								
II MOTOR VEH	ICLE ACCIDENT							
VEHICLE BCC NO. NATURE AND EXTENT OF DAMAGE								
TYPE OF VEHICLE INVESTIGATING AGENCY INVESTIGATING OFFICER REPORT NO. (ATTACH A COPY AND CITATION)								
DAMAGE TO OTHER VEHICLE: YES NO PRIVATE COMMERCIAL SECOND COUNTY VEHICLE								
TAG NO. OR COUNTY BCC # NATURE AND EXTENT OF DAMAGE								
	OWNER NAME/ADDRESS (IF OTHER THAN OPERATOR)							
	AL INJURY OR PROP	PHONE NO.						
ADDRESS		THORE NO.						
EXTENT OF INJURIES:								
PRIVATE PROPERTY DAMAGE								
TYPE OF EQUIPMENT/EXTENT OF DAMAGE:								
	FILL OUT SECTIONS FILL OUT SECTIONS FILL OUT SECTIONS FILL OUT THE APPROPRIES  I. GENERAL I EMPLOYEE OCCUPAT  DIVISION  CITY, ZIP CODE)  II. MOTOR VEH NATURE AND EXTENT  INVESTIGATING OFFICE  NO PRIVATE  OLVEMENT (PERSON ADDRESS	FILL OUT SECTIONS I, III, V, VI AND VII  FILL OUT SECTIONS I, IV, V, VI AND VII  FILL OUT SECTIONS I, IV, V, VI AND VII  FILL OUT THE APPROPRIATE SECTIONS I  I. GENERAL INFORMATION  EMPLOYEE OCCUPATION  DIVISION  CITY, ZIP CODE)  II. MOTOR VEHICLE ACCIDENT  NATURE AND EXTENT OF DAMAGE  INVESTIGATING OFFICER REPORT NO. (ATTACK  NO PRIVATE COMMERCIAL  NATURE AND EXTENT  OWNER NAME/ADDRE  OLVEMENT (PERSONAL INJURY OR PROP						

(OVER)

IV. DAMAGE TO OR LOSS OF COUNTY PROPERTY  MATERIALS AND EQUIPMENT DAMAGED, DESTROYED, LOST OR STOLEN									
				ON OF DAMAGE			ESTIMATED COST TO		
							REPAIR/REPLACEMENT		
WITNESS NAME		DRESS(STRE			CCIDENT / INCIDENT DE) PHONE NO.				
DESCRIPTION OF INCIDENT									
DESCRIPTION OF INCIDENT:									
VOLID DIA ODAM OF A COIDENT	(INICILIDE OTREE	T. 114.150, 05		0471011 7041/51		-			
YOUR DIAGRAM OF ACCIDENT	(INCLUDE STREE	I NAMES, SP	ECIFIC LO	CATION, TRAVEL	DIRECTIONS):		INDICATE NORTH		
							BY ARROW		
WEATHER CONDITIONS: CI	LEAR RAIN	□ FOG □	lunknowi	OTHER					
☐ ADDITIONAL PAGES ATTACH	HED.		PHOTOS	TAKEN: YES	□NO				
EMPLOYEE SIGNATURE PF			NAME			DATE			
VI. SUPERVISOR'S COMMENTS									
CORRECTIVE ACTION TAKEN:				NG CONDUCTE					
(check appropriate boxes)				N CORRECTED TO		INEER	ING		
☐ CHANGE MADE IN OPERATING PROCEDURES ☐ REQUEST SAFETY OFFICE RECOMMENDATION									
☐ DISCIPLINARY ACTION TAKEN									
☐ OTHER ☐ NONE									
EXPLAIN:									
SUPERVISOR SIGNATURE			PRINT NAME			D	DATE		
VII. DEPARTMENT REVIEW									
CONTENTS REVIEWED. ADDITIONAL COMMENTS:									
MANAGER SIGNATURE		DATE		DIRECTOR SIGN	ATURE		DATE		

#### **Exhibit E**

### Natural Lands Resident Caretaker Lease Agreement Occupant List

I ne	unaersignea	acknowledge(s)	that ne/sne	will be	living	with	tne	Care	taker,
(nam	ne)	, at	the Residence lo	cated at (ad	ldress)				
Ìn c	onsideration of	f living at the Ro	esidence the un	dersigned	agree(s)		-		
	eement.	mitations imposed	upon the Care	etaker unde	r the Re	esident	Caret	aker	Lease
	_	at the Residence is r her immediate fa		•			_	-	y the
Carc	taker and mis o	i nei miniediate ia	imiy consisting	of the folio	willig ilai	nica pe	130113.		
Print	Name		Age	Signa	ature, no	t requi	red for	r mino	ors
-			)=====3;	-					
			( <del></del>						

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.