

EXHIBIT A  
PROPERTY DESCRIPTION

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**"EXHIBIT B"**

[REDACTED]

- 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, [REDACTED], at minimum once every two weeks during the growing season, and monthly or as needed during the rest of the year
- 4.) [REDACTED]
- 5.) [REDACTED]
- 6.) Trim vegetation from parking area fence lines at least once per month.
- 7.) [REDACTED]
- 8.) Check for and remove dog waste [REDACTED]  
[REDACTED] and restock dog waste bag dispenser at least once per week.
- 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

[illegible]

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:**

# SEMINOLE COUNTY ACCIDENT/INCIDENT LOSS REPORT

TO BE COMPLETED BY  
INSURANCE/SAFETY  
COUNTY CLAIM NO.

INS  
Y N

SEND ORIGINAL OF THIS REPORT TO:  
RISK MANAGEMENT SAFETY OFFICE

PREVENTABLE YES NO

S.O. INITIALS \_\_\_\_\_

TPA  
Y N  
DATE:

## 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 AGENCY	INVESTIGATING OFFICER REPORT NO. (ATTACH A COPY AND CITATION)
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:	
OPERATOR NAME/ADDRESS	OWNER NAME/ADDRESS (IF OTHER THAN OPERATOR)

## 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: ☐ CLEAR ☐ RAIN ☐ FOG ☐ UNKNOWN ☐ OTHER☐ ADDITIONAL PAGES ATTACHED.PHOTOS TAKEN: ☐ YES ☐ NO

EMPLOYEE SIGNATURE	PRINT NAME	DATE
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**vi. SUPERVISOR'S COMMENTS**

CORRECTIVE ACTION TAKEN:

(check appropriate boxes)

- ☐ ADDITIONAL TRAINING CONDUCTED  
☐ UNSAFE CONDITION CORRECTED THROUGH ENGINEERING  
☐ CHANGE MADE IN OPERATING PROCEDURES  
☐ REQUEST SAFETY OFFICE RECOMMENDATION  
☐ DISCIPLINARY ACTION TAKEN  
☐ OTHER  
☐ NONE

EXPLAIN:

SUPERVISOR SIGNATURE	PRINT NAME	DATE
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**VII. DEPARTMENT REVIEW**

CONTENTS REVIEWED. ADDITIONAL COMMENTS:

MANAGER SIGNATURE	DATE	DIRECTOR SIGNATURE	DATE
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## 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.**