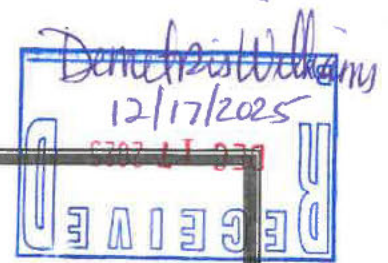


HERNANDO COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD/COMMITTEE APPLICATION



Please type or print clearly

Name of Board/Committee PLANNING AND ZONING COMMISSION

Check one: ☒ Full Member Position
☐ Alternate Member Position

Name MICHAEL LAMBERTI

(Your name must be listed as it appears on your voter registration card)

THE FOLLOWING INFORMATION IS REQUIRED FOR COUNTY RECORDS AND BECOMES PUBLIC RECORD UPON SUBMITTING THIS APPLICATION. IF YOU BELIEVE THAT YOU QUALIFY FOR AN EXEMPTION TO THE RELEASE OF THIS INFORMATION, PURSUANT TO F.S. 119.07, PLEASE STATE THE BASIS OF YOUR EXEMPTION. YOUR FAILURE TO ANSWER FULLY AND TRUTHFULLY ALL QUESTIONS COULD RESULT IN YOUR APPLICATION BEING DENIED OR YOUR SUBSEQUENT REMOVAL FROM ANY BOARD/COMMITTEE IF APPOINTED.

Address [REDACTED]

City [REDACTED] Zip [REDACTED]

Telephone [REDACTED] (home) [REDACTED] (business)

E-mail address [REDACTED]

Are you a resident of Hernando County? Yes

Voter Registration Number [REDACTED]

Education Juris Doctor (1998)- Magna Cum Laude

(Please include any certificates, awards, diplomas, degrees, professional license numbers, etc.)

Stony Brook University, (1983) B.A.-Economics

Employment History [REDACTED]

(Attach a resume if available)

Licenses or Certificates Held [REDACTED]

Have you ever previously applied for a position on any County Board/Committee? Yes

If yes, please state the Board(s)/Committee(s) you applied for, when you applied, and whether you were appointed.

Library Advisory Board, Fall 2025, not appointed

Have you ever been convicted, plead guilty or no contest, or entered into PTI for a felony or 1st/ 2nd degree misdemeanor? No

Answering yes does not automatically disqualify you for consideration.

If yes, what charges? N/A

Are you currently involved as a defendant in a criminal case? No

If yes, what charges? N/A

Have you ever been named as a defendant in a civil action suit? No

If yes, when and describe action. N/A

Please state your reasons for applying to this Board/Committee Simply put, being retired I have the time to
give back to the community. I have lived in Hernando County for 28 years and my experiences as an
attorney make me highly qualified for this opportunity. I will follow the law and rules in making decisions.

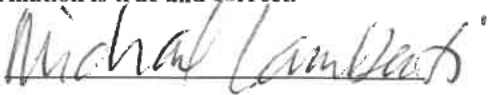
Please list three character references of persons NOT related to, NOT an employer, NOT an employee of you or your company, and whom you have known at least one (1) year. Please include addresses and phone numbers.

1. Amy Baldwin, Community Engagement Coordinator, c/o Hernando County BOCC
2. Frank Simeone, 10250 Bernarda Ct., Spring Hill, FL 34608 (516)241-3197
3. George Angeliadis, Esq., george@lmdlawfirm.com, work: (352)686-0080

I hereby request consideration as a committee/board appointee. It is my intention to familiarize myself to the duties and responsibilities of the office to which I may be appointed, and to fulfill the appointment to the best of my ability, exercising good judgement, fairness, impartiality, and faithful attendance. By my signature below, I hereby authorize Hernando County to check my references and my background, including, without limitation, obtaining a criminal history check. I also agree to file a Financial Disclosure form as required by State law, if applicable, and abide by provisions of the State Sunshine Law.

I hereby swear and affirm, under Penalty of Perjury, that the above information is true and correct.

Applicant's signature



(Please direct all inquiries to the County Administrator's Office at 754-4002.)

Completed applications may be submitted to the County Administrator's office, 15470 Flight Path Drive, Brooksville, Florida 34604, or faxed to 352-754-4025 Attention: Jessica Wright.



Hernando County Background Consent / Release Form

As a volunteer applicant, I understand and acknowledge that an investigative report may be compiled on me. This report may include information regarding any criminal records, and from various public and private sources including law enforcement agencies at the Federal, State or County level, courts record repositories, sexual offender registries and any other source required to verify information that I have voluntarily provided.

PERSONAL INFORMATION

Legal Name: [REDACTED]
Date of Birth: [REDACTED]
Other Names Used: N/A
(Legal Name) First M.I. Last
Dates Used (from/to): N/A
Home Phone #: [REDACTED]
Cell Phone #: [REDACTED]
E-mail Address: [REDACTED]
Are you 18 years of age or older? ☒ Yes ☐ No

GEOGRAPHIC INFORMATION

Current Address: [REDACTED]
City, State, Zip : [REDACTED]
Time at this address: 5 Years 6 Month
Previous Address: [REDACTED]
City, State, Zip : [REDACTED]
Time at this address 23 Years 10 Month

By signing below, you hereby authorize, empower and release from all liability, without reservation, any agency contacted by Hernando County to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned information at any time during your relationship with Hernando County. You agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

Michael Lambert
Applicant's Signature

12-17-2025
Date