CITY OF SANIBEL Submit Date: Jun 20, 2025

# **Application to Serve**

Committee Choice				
Which Boards would you like to apply for?				
Transportation Master Plan Ste	eering Com	mittee: Submitte	d	
Qualifications required for th	e MPO SUI	P Advisory Comr	mittee Position.	
Profile				
Robert		Brooks		
First Name	Middle Initial	Last Name		
990 Beach Road				
Street Address			Suite or Apt	
Sanibel Island			FL	33957
City			State	Postal Code
Mobile: (609) 412-0730				
Primary Phone	Alternate Pho	one		
bob@rbasales.com				
Email Address				
NUMBER OF MONTHS RES	SIDING ON	N SANIBEL ANN	IUALLY	
12				
Year Round Resident				
⊙ Yes ⊃ No				
self	Retired			
Employer	Occupation		_	
BACKGROUND: (EDUCAT	ION & EX	(PERIENCE)		
Required Information				

Temple University BS Business Administration Robert Brooks Associates, President, 1982-2015, Manufacturers Representative in the Outdoor and Sporting Goods Industry

#### **COMMUNITY INVOLVEMENT**

## **Required Information**

SCCF Board of Trustees Sanibel Fly Fishers Board Member 2018-2025 Sanibel Community House Board Member Captains For Clean Water Brand Awareness Representative

### WHY ARE YOU INTERESTED IN THIS APPOINTMENT?

## **Required Information**

I'm interested in serving on this committee because I care deeply about preserving Sanibel's character while helping improve how residents and visitors move around the Island safely, efficiently and sustainability.

## MPO Application to submit for your respective Advisory Committee

Please be certain you have completed the "Background: (Education & Experience)", "Community Involvement", and "Why Are You Interested In This Appointment?" text box fields before submitting your application. Thank you.

**Please Enter In Today's Date** 

6/20/25

**Name of Applicant** 

Robert