

# CITY OF OCALA

## BOARD AND COMMISSION APPLICATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Brief Resume of Education and Experience:

Are you a Resident of Marion County? (If so, state length of time)	Yes _____ No _____
	Number of Years: _____
Do you own property within the City limits?	Yes _____ No _____
Do you reside within the City?	Yes _____ No _____
Do you own a business within the City?	Yes _____ No _____
Are you a registered City voter?	Yes _____ No _____
Do you hold a public office?	Yes _____ No _____
Are you employed by the City?	Yes _____ No _____
At the present time, do you serve on a City Board, Commission, Authority, or Committee?	Yes _____ No _____

*Please Note: A board/commission member shall not serve on more than one City board/commission at a time, unless that board/commission is an interim Ad Hoc Committee.*

**Please check the boards(s)/commission(s) you wish to serve on. If you have more than one interest, please number in order of your preference.**

- |  |   |
|--|---|
| <input type="checkbox"/> Affordable Housing Advisory Committee       | <input type="checkbox"/> Ocala Historic Preservation Advisory Board |
| <input type="checkbox"/> Airport Advisory Committee                  | <input type="checkbox"/> Ocala Housing Authority                    |
| <input type="checkbox"/> Board of Adjustment * / **                  | <input type="checkbox"/> Planning and Zoning Commission * / **      |
| <input type="checkbox"/> Golf Advisory Board                         | <input type="checkbox"/> Recreation Commission                      |
| <input type="checkbox"/> Municipal Arts Commission                   | <input type="checkbox"/> Tree Commission                            |
| <input type="checkbox"/> Municipal Code Enforcement Board *          | <input type="checkbox"/> Utility Advisory Board                     |
| <input type="checkbox"/> Municipal Tennis Association Advisory Board |   |

\* Requires Financial Disclosure Form (if appointed to board/commission)

\*\* Requires Property Description

Property Description: \_\_\_\_\_

Until such time as you are selected for the board/commission of your choice, can we submit your application when vacancies occur without contacting you each time? Yes \_\_\_\_\_ No \_\_\_\_\_

Why do you think you are qualified to serve on this Board?

**I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION FURNISHED BY ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA FOR SERVING ON THE BOARD(S)/COMMISSION(S) FOR WHICH I AM APPLYING.**

Signature:                     *owen boone*                     Date: \_\_\_\_\_

Notes:

- (1) Application effective for ONE YEAR from date of completion
- (2) If you have any questions regarding this application, please call the Office of the City Clerk at (352) 629-8266

Return to:

City Clerk's Office  
110 SE Watula Avenue  
Ocala, FL 34471