CITY OF OCALA
WEST OCALA CRA ADVISORY COMMITTEE APPLICATION

1. Name: Carolyn Adams Home Phone: 954-562-2617
2. Home Address: 10423 S.W. 45th Ave.
3. City, State, Zip Code: Ocala, FLA 34476
4. Business: Estella Byrd Whitman Wellness Business Phone: 352-875-2226
5. E-mail address: ebwwcrc@gmail.com
6. Cell Phone: 954-562-2617
7. Business Address: 819 N.W. 7th Street Occupation: Nurse
8. Are you a resident of Marion County — Yes ✓ No ____
9. Do you reside within the City? — Yes ____ No ✓
10. Do you own a business within the City? — Yes ✓ No ____
11. Are you a registered City voter? — Yes ____ No ✓
12. Do you hold a public office? — Yes ____ No ✓
13. Are you employed by the City? — Yes ____ No ✓
14. At the present time, do you serve on a Board, Commission, Organization or Committee? — Yes ✓ No ____
15. Name of Board, Commission, Organization or Committee CRC and Brownfield

Carolyn Adams
Signature

2-2-2022
Date

RECEIVED
FEB - 3 2022
BY:

Staff Only:

Date of Application:

Approval Date by City Council: