

**CITY OF OCALA  
NORTH MAGNOLIA CRA ADVISORY COMMITTEE APPLICATION**

1. Name: David McCollister Home Phone: 352-266-8720
2. Home Address: 1611 NW 2nd Ave
3. City, State, Zip Code: Ocala, FL 34475
4. Business: N/A Business Phone: \_\_\_\_\_
5. E-mail address: dmccollister@cox.net
6. Cell Phone: \_\_\_\_\_
7. Business Address: \_\_\_\_\_ Occupation: \_\_\_\_\_
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 \_\_\_\_\_



Signature

9/15/22

Date

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**Staff Only:**

**Date of Application:** \_\_\_\_\_

**Approval Date by City Council:** \_\_\_\_\_