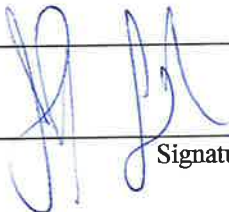
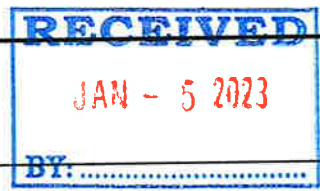


**CITY OF OCALA  
EAST OCALA CRA ADVISORY COMMITTEE APPLICATION**

1. Name: JOHN GAMACHE Home Phone: 352 816 0303
2. Home Address: 948 NE 4<sup>th</sup> ST
3. City, State, Zip Code: OCALA FL 34470
4. Business: OUTWEEK SCULPTURES Business Phone: \_\_\_\_\_
5. E-mail address: B.HIVEN@GMAIL.COM
6. Cell Phone: 352 816 0303
7. Business Address: 1531 NE 2<sup>nd</sup> ST OCALA FL 34470 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 EAST OCALA CRA

  
Signature

1-5-2023  
Date



Staff Only: \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
Approval Date by City Council: \_\_\_\_\_