

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

1. Name: Ruth Reed Home Phone: 352-351-0688
2. Home Address: 1604 NW 18th Court
3. City, State, Zip Code: Ocala, FL 34475
4. Business: NCNWO INC. Business Phone: 352-208-2233
5. E-mail address: ruthreed2006@icloud.com
6. Cell Phone: 352-208-2233
7. Business Address: N A 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 Brownsfield Advisory Board
West Ocala CRA, Neighborhood Citizens of Northwest Ocala Inc.

Signature

02/07/2023. RER
Date

Staff Only:

Date of Application: _____

Approval Date by City Council: _____