## CITY OF OCALA EAST OCALA CRA ADVISORY COMMITTEE APPLICATION

1.	Name: Kal Konz	Home Phone:	352-299-6328	
2.	Name: Kerl Kourz  Home Address: 796 S.E. 1712 (ar	f Road		
3.	City, State, Zip Code: S. Ner & Mr. Mg., Fl	34438		
4.	Business: Renaul Beal	Business Phone:		
5.	E-mail address: KCI. KINZ @ rencognit, GA	1		
6.	Cell Phone: 352-291.6328	***************************************		
7.	Business Address: 1439 E. 5, 182 Springs Blod, 6644 FR 34271		Connectal Relationship office	√
8.	المحدود عامد 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 Ocals	CAA	
	Signature		_/2/2:22 Date	
	RECEIVED			
Staff (	Only: FEB 1 4 2022			
Date o	f Application:			
Appro	val Date by City Council:			