

CITY OF OCALA

BOARD AND COMMISSION APPLICATION

Name: Shari Ausley Home Phone: 352.427.5883
Home Address: 707 SE 10th Place
City, State, Zip Code: Ocala FL 34471
Business: _____ Business Phone: _____
Business Address: _____
Occupation: retired Email Address: xdausley@gmail.com
Brief Resume of Education and Experience:

Are you a Resident of Marion County?
(If so, state length of time) Yes ☒ No ☐ Number of Years: 20

Do you own property within the City limits? Yes ☒ No ☐

Do you reside within the City? Yes ☒ No ☐

Do you own a business within the City? Yes ☒ No ☐

Are you a registered City voter? Yes ☒ No ☐

Do you hold a public office? Yes ☐ No ☒

Are you employed by the City? Yes ☐ No ☒

At the present time, do you serve on a City Board,
Commission, Authority, or Committee? Yes ☒ No ☐

Please Note: A board/commission member shall not serve on more than one City board/commission at a time, unless that board/commission is an interim Ad Hoc Committee.

Please check the boards(s)/commission(s) you wish to serve on. If you have more than one interest, please number in order of your preference.

- ☐ - Affordable Housing Advisory Committee
- ☐ - Airport Advisory Committee
- ☐ - Board of Adjustment * / **
- ☐ - Golf Advisory Board
- ☐ - Municipal Arts Commission
- ☐ - Municipal Code Enforcement Board *
- ☐ - Municipal Tennis Association Advisory Board

- ☒ - Ocala Historic Preservation Advisory Board
- ☐ - Ocala Housing Authority
- ☐ - Planning and Zoning Commission * / **
- ☐ - Recreation Commission
- ☐ - Tree Commission
- ☐ - Utility Advisory Board

* Requires Financial Disclosure Form (if appointed to board/commission)

** Requires Property Description

Property Description: _____

Until such time as you are selected for the board/commission of your choice, can we submit your application when vacancies occur without contacting you each time? Yes ☐ No ☒

Why do you think you are qualified to serve on this Board?

I have served one term already on OHPAB + I feel I can continue to make a positive contribution to the goals + tasks of the board.

I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION FURNISHED BY ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA FOR SERVING ON THE BOARD(S)/COMMISSION(S) FOR WHICH I AM APPLYING.

Signature: _____

Date: _____

Notes:

- (1) Application effective for ONE YEAR from date of completion
- (2) If you have any questions regarding this application, please call the Office of the City Clerk at (352) 629-8266

Return to:

City Clerk's Office
110 SE Watula Avenue
Ocala, FL 34471