

## CITY OF OCALA

## **BOARD AND COMMISSION APPLICATION**

Name: Myra Smith	Home Phone: 352-895-5366
Home Address: 6021 SW 63rd ST	
City, State, Zip Code: Ocala, FL 34474	
Business: Exp Realty	Business Phone:
Business Address:	
	Email Address: mysmith@mysmithhomes.cor
Brief Resume of Education and Experience:	
Are you a Resident of Marion County? (If so, state length of time)	Yes No Number of Years: 2
Do you own property within the City limits?	Yes No
Do you reside within the City?	Yes No _ <b>X</b>
Do you own a business within the City?	Yes No _ <b>X</b>
Are you a registered City voter?	Yes No
Do you hold a public office?	Yes No _ <b>X</b>
Are you employed by the City?	Yes No _ <b>X</b>
At the present time, do you serve on a City Board, Commission, Authority, or Committee?	Yes No
Please Note: A board/commission member shad board/commission at a time, unless that board/ Please check the boards(s)/commission(s) you wish to s number in order of your preference.	commission is an interim Ad Hoc Committee.
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 boa ** Requires Property Description  Property Description:	rd/commission)

	as you are selected for the board/commission of your choice, can we submit your application when without contacting you each time? Yes No
	k you are qualified to serve on this Board?
	Realtor who has been working with peoeple to find affordable housong and teaching ow to purchase a home.
FURNISHED BY I	RM THAT I HAVE READ AND UNDERSTAND THIS APPLICATION, THAT ALL INFORMATION ME IS TRUE AND ACCURATE AND THAT, TO THE BEST OF MY KNOWLEDGE, I MEET THE CRITERIA N THE BOARD(S)/COMMISSION(S) FOR WHICH I AM APPLYING.
Signature:	# 500 Date:
Notes:	
(1) App	olication effective for ONE YEAR from date of completion
	ou have any questions regarding this application, please call the Office of the City Clerk at (352) 1-8266
Return to:	
City Cler	rk's Office
110 SE \	Watula Avenue

Ocala, FL 34471