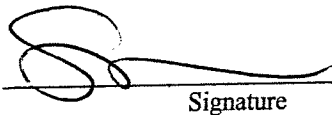
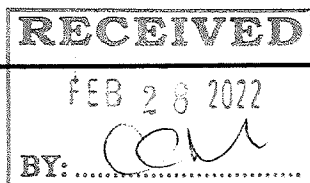


**CITY OF OCALA
DOWNTOWN OCALA CRA ADVISORY COMMITTEE APPLICATION**

1. Name: Summer Gill Home Phone: (352) 875-8972
2. Home Address: 820 SE 2 ST
3. City, State, Zip Code: Ocala, FL 34471
4. Business: Therapist, Pediatric Behavioral Health ^{Associates, Inc} Business Phone: same
5. E-mail address: Summer.rae.gill@gmail.com
6. Cell Phone: same as home
7. Business Address: N/A Occupation: therapist
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 Ocala 2035, CRA Downtown


Signature

2/28/22
Date



Staff Only:

Date of Application: _____

Approval Date by City Council: _____