

CITY OF OCALA

BOARD AND COMMISSION APPLICATION

Name: WILLIAM REESE "Bill" Home Phone: 352-895-1910
Home Address: 1981 NE 70TH ST.
City, State, Zip Code: OCALA, FL 34479
Business: GREENBRIAR NURSERIES Business Phone: 352-895-1916
Business Address: 2025 NE 70TH ST. - OCALA FL 34479
Occupation: NURSEMAN Email Address: BILLREESEOCALA@GMAIL.COM

Brief Resume of Education and Experience:

— NURSERY OWNER + OPERATOR FOR 47+YRS
— MEMBER OF PARK + RECREATION, AND TREE COMMISSION 45+YRS

Are you a Resident of Marion County?

(If so, state length of time)

Yes ☒ No ☐ ☒

Number of Years: 66

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 ☐

A CITY RESIDENT FOR 50+YRS UNTIL 2011

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?

50+ yrs PLANT + TREE EXPERIENCE

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: 2-23-22

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