



City of Gainesville
Paula M. DeLaney
Mayor

June 27, 2000

Ms. Antionette Murray
211 West University Avenue
Gainesville, FL 32601

Dear Ms. Murray:

This letter is to certify that at the Monday, June 26, 2000 City Commission Meeting you were appointed to serve as a member of the Citizens' Advisory Committee for Community Development. Your term of office is effective immediately and will expire November 1, 2002.

On behalf of the Gainesville City Commission, I would like to welcome and thank you for your willingness in serving on the Citizens' Advisory Committee for Community Development.

If you have any questions, or desire further information, please contact the Staff Liaison James Hencin at 334-5031.

Sincerely,

Paula M. DeLaney

PMD:dlh

XC: Staff Liaison James He
Chair Armando Corbel

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|---|---|--|--|--|
| Is your RETURN ADDRESS completed on the reverse side? | SENDER: | | I also wish to receive the following services (for an extra fee): | |
| | <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. | | 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery | |
| | 3. Article Addressed to: | | 4a. Article Number | |
| | Antionette Murray 211 West University Avenue Gainesville, FL 32601 | | Z 275 815 320 | |
| 4b. Service Type | | 7. Date of Delivery | | |
| <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | | 6-29-00 | | |
| 5. Received By: (Print Name) | | 8. Addressee's Address (Only if requested and fee is paid) | | |
| Antionette Murray | | | | |
| 6. Signature (Addressee or Agent) | | | | |
| | | | | |

Thank you for using Return Receipt Service.



City of Gainesville
Paula M. DeLaney
Mayor

June 27, 2000

Mr. Peter B. Rebmann
3656 NW 68th Lane
Gainesville, FL 32653

Dear Mr. Rebmann:

This letter is to certify that at the Monday, June 26, 2000 City Commission Meeting you were appointed to serve as a member of the Citizens' Advisory Committee for Community Development. Your term of office is effective immediately and will expire November 1, 2000.

On behalf of the Gainesville City Commission, I would like to welcome and thank you for your willingness in serving on the Citizens' Advisory Committee for Community Development.

If you have any questions, or desire further information, please contact the Staff Liaison James Hencin at 334-5031.

Sincerely,

Paula M. DeLaney

PMD:dlh

XC: Staff Liaison James H
Chair Armando Corbe

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| | <input type="checkbox"/> Complete items 1 and/or 2 for additional services. <input type="checkbox"/> Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered. | | 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery |
| 3. Article Addressed to: | | 4a. Article Number | |
| Peter B. Rebmann 3656 NW 68th Lane Gainesville, FL 32653 | | 7. 275 815 321 | |
| 5. Received By: (Print Name) | | 4b. Service Type | |
| <i>Peter B. Rebmann</i> Peter B. Rebmann | | <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD | |
| 6. Signature (Addressee or Agent) | | 7. Date of Delivery | |
| | | 8. Addressee's Address (Only if requested and fee is paid) | |
| | | | |

200 EAST UNIVERSITY AVENUE • P.O.

Thank you for using Return Receipt Service.