



# CITY OF GAINESVILLE

**THOMAS D. BUSSING  
MAYOR**

*November 14, 2001*

*Mr. Kyle Jones  
5 Fraternity Row  
Gainesville, FL 32603*

*Dear Mr. Jones:*

*This letter is to certify that at the Monday, November 13, 2001 City Commission Meeting you were appointed to serve as a Student Adjunct Member of the Regional Transit System Advisory Board. Your term of office is effective immediately and will expire August 2, 2002.*

*On behalf of the Gainesville City Commission, I would like to welcome and thank you for your willingness in serving on the Regional Transit System Advisory Board.*

*If you have any questions, or desire further information, please contact the Staff Liaison Melissa Reno at 334-2609.*

*Sincerely,*

*TDB*

*TDB:dla*

*XC: Staff Liaison Melissa Reno  
Chair Robert Karp*

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <b>X</b> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address
1. Article Addressed to:  <b>Kyle Jones 5 Fraternity Row Gainesville, FL 32603</b>	B. Received by (Printed Name) <i>Kyle Jones</i>	C. Date of Delivery
2. Article Number <i>(Transfer from service label)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

