



## CITY OF GAINESVILLE

THOMAS D. BUSSING  
MAYOR

*January 15, 2002*

*Dr. Anita Spring  
5707 SW 17th Drive  
Gainesville, FL 32608*

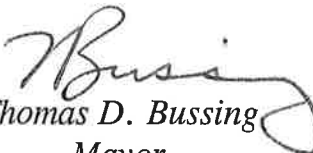
*Dear Dr. Spring:*

*This letter is to certify that at the Monday, January 14, 2002 City Commission Meeting you were reappointed to serve as a member of the City Beautification Board. Your term of office is effective immediately and will expire November 1, 2004.*

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

*If you have any questions, or desire further information, please contact the Staff Liaison Pat Byrne at 334-2171.*

*Sincerely,*

  
Thomas D. Bussing  
Mayor

*TDB:dlh*

*XC: Staff Liaison Pat Byrne - Box 27*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Anita Spring  
5707 SW 17th Drive  
Gainesville, FL 32608**

2. Article Number

(Transfer from se

7001 0360 0000 6693 7095

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Anita Spring*

Agent

Addressee

B. Received by (Printed Name)

*ASPRING*

C. Date of Delivery

*12/10*

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes