



**CITY OF GAINESVILLE**

**THOMAS D. BUSSING  
MAYOR**

*February 26, 2002*

*Mr. Jefferson W. Jones  
4026 NW 12th Avenue  
Gainesville, FL 32605*

*Dear Mr. Jones:*

*This letter is to certify that at the Monday, February 25, 2002 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, 2003.*

*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,*

*TDB:dlh*

*XC: Staff Liaison James Hencin  
Chair Scherwin Henry*

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  <b>Jefferson W. Jones 4026 NW 12th Avenue Gainesville, FL 32605</b>	B. Received by (Printed Name) C. Date of Delivery <i>3/2</i>
2. Article Number <i>(Transfer from service)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:  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
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