



CITY OF GAINESVILLE

**THOMAS D. BUSSING
MAYOR**

November 14, 2001

*Ms. Debbie E. MacLeod
5800 NW 39th Avenue, #104
Gainesville, FL 32606*

Dear Ms. MacLeod:

This letter is to certify that at the Tuesday, November 13, 2001 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, 2004.

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"> ■ 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. | A. Received by (Please Print Clearly) <i>M. Weber</i> | B. Date of Delivery <i>11-26-01</i> | | |
| 1. Article Addressed to: Debbie E. MacLeod 5800 NW 39th Avenue, #104 Gainesville, FL 32606 | C. Signature <input checked="" type="checkbox"/> <i>M. Weber</i> | | | |
| 2. Article Number <small>(Transfer from service label)</small> | D. Is delivery address different from item 1? If YES, enter delivery address below: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input checked="" type="checkbox"/> No</td> </tr> </table> | | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | | | |
| 7001 0360 0000 6693 6791 | 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 | | | |