



CITY OF GAINESVILLE

**THOMAS D. BUSSING
MAYOR**

June 25, 2002

*Mr. James D. Reeves, Jr.
305 NE 5th Avenue
Gainesville, FL 32601*

Dear Mr. Reeves:

This letter is to certify that at the Monday, June 24, 2002 City Commission Meeting you were reappointed to serve as a member of the Historic Preservation Board. Your term of office is effective immediately and will expire June 1, 2005.

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

If you have any questions, or desire further information, please contact the Staff Liaison D. Henrichs at 334-5022.

Sincerely,

TDB:dla

XC: Staff Liaison D. Henrichs

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>James D. Reeves, Jr. 305 NE 5th Avenue Gainesville, FL 32601</p>	<p>B. Received by (Printed Name) C. Date of Delivery JAMES D. REEVES JR. 7-7-02</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <i>(Transfer from service lat)</i> 7001 1140 0000 2427 1570</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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