



CITY OF GAINESVILLE

**THOMAS D. BUSSING
MAYOR**

September 25, 2001

*Ms. Dikassa D. Dixon
Post Office Box 142421
Gainesville, FL 32614*

Dear Ms. Dixon:

This letter is to certify that at the Monday, September 24, 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.

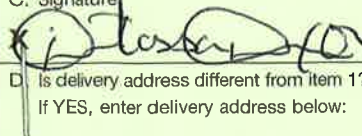
On behalf of the Gainesville City Commission, I would like to welcome and thank you for your willingness in serving on the Citizens' Advisory Committee for Community Development.

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>Dikassa Dixon</i>	B. Date of Delivery <i>9-28-01</i>
1. Article Addressed to:	C. Signature 	
Dikassa D. Dixon Post Office Box 142421 Gainesville, FL 32614	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number	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.	
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