



CITY OF GAINESVILLE

**THOMAS D. BUSSING
MAYOR**

November 14, 2001

*Mr. Mark D. Campbell
903 NW 9th Avenue
Gainesville, FL 32601*

Dear Mr. Campbell:

This letter is to certify that at the Monday, November 13, 2001 City Commission Meeting you were appointed to serve as a Student Adjunct Member of the Fire Safety Board of Adjustment. Your term of office is effective immediately and will expire August 2, 2002.

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

If you have any questions, or desire further information, please contact the Staff Liaison Lesa Holder at 334-5065.

Sincerely,

TDB:dla

*XC: Staff Liaison Lesa Holder
Chair James C. Roberts*

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 <i>Mark D. Campbell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>Mark D. Campbell 903 NW 9th Avenue Gainesville, FL 32601</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>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>	
<p>2. Article Number (Transfer from service label) 7001 0360 0000 6693 7293</p>		